

'The Myth of Good Character: assessing the performance of nursing and midwifery pre-registration students using a modified Delphi approach'

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ABSTRACT

The requirement for pre-registration student nurses and midwives to demonstrate good character is detailed in the Nursing and Midwifery Council (NMC) quality assurance framework for higher education institutions (NMC, 2016a). This study used a qualitative methodology, interpreted through a post-modern lens, to examine the perspectives of decision-makers when assessing the good character of nursing and midwifery pre-registration students in relation to their continued fitness to practise. Participants were purposively sampled from higher education institutions in the United Kingdom. All participants were qualified nurses or midwives and had experience of making decisions about students' good character. Thirty-three participants agreed to take part in a qualitative three-round study based on a modified Delphi approach. Twenty-two participants completed all three rounds. Qualitative data from all rounds were analysed using thematic analysis. A final overall analysis and interpretation was undertaken to synthesise the perspectives of this group of participants. The use of vignettes in round one enabled the participants to have a professional asynchronous conversation and contributed to their professional development through the opportunity to engage in reflection. The myth of good character is presented within the discourse as the good and caring nurse or midwife who abides by the Code (NMC, 2015a). The myth hides the underlying discursive practices that exist within the discourse to control behaviour, which was witnessed in this study through the assessment of the students' ability to operate technologies of the self, as described by Foucault (1988a). Technologies of the self were assessed by the student's ability to demonstrate self-awareness through insight, reflection and remorse, and honesty and integrity through self-surveillance in relation to a duty of candour. The decision-makers indicated that students were assessed upon their performance and their ability to learn how to be good rather than any fixed notions of character.

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ABBREVIATIONS

AEIs:	Academic Education Institutions
CHRE:	Council for Healthcare Regulatory Excellence
CQC:	Care Quality Commission
D (followed by number):	Refers to the participant code
DBS:	Disclosure and barring service
DH:	Department of Health
DP:	Delphi Process
FtP:	Fitness to practise
GDC:	General Dental Council
GMC:	General Medical Council
GNC:	General Nursing Council
GPhC:	General Pharmaceutical Council
HCPC:	Health and Care Professions Council
HE:	Higher education
HEE:	Health Education England
HEI(s):	Higher education institution
ICN:	International Council of Nurses
Ltd:	Limited
NHS:	National Health Service
NMC:	Nursing and Midwifery Council
PDF:	Portable Document Format
POVA:	Protection of Vulnerable Adults
R (followed by number):	Round
RCN:	Royal College of Nursing
T (followed by number):	Theme
the Code:	The Code: Professional standards of practice and behaviour for nurses and midwives (NMC, 2015a)
UCAS:	Universities and College Admissions Service

UK: United Kingdom

UKCC: United Kingdom Central Council

V (followed by a number): Vignette

VBR: Values based recruitment

6Cs: Care, compassion, competence, communication, courage,
commitment

TRANSCRIPT CONVENTIONS

The following approaches to the text have been taken so that the text is concise and easier to read:

- Any reference to students within this study relates to pre-registration nursing and midwifery students only, unless otherwise stated.
- Following the first citation of The Code: Professional standards of practice and behaviour for nurses and midwives (NMC, 2015a) it is subsequently referred to as the Code throughout.
- When citing participant quotes: D refers to the participant code and is followed by a number; V refers to the vignette to which the quote relates and is followed by a number; T refers to the relevant theme and is followed by a number; and Additional indicates that the quote was taken from additional information.

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1.1 INTRODUCTION

Over the last 25 years there has been evidence of increasing regulation of the nursing and midwifery professions against a backdrop of increasing cases of questionable fitness to practise (FtP) being brought before the professional regulatory body, the Nursing and Midwifery Council (NMC). This raises questions regarding the effectiveness of current regulatory requirements relating to the good character of the nursing and midwifery professions.

Nursing and midwifery education has often been blamed for identified shortfalls in care with a lack of good character in relation to reduced caring attributes amongst nursing and midwifery pre-registration students and new registrants being postulated by the media (Gill, 2004; Hall, 2004; Puttick, 2016). FtP is determined in relation to good health and good character (NMC, 2015b). Research is needed to understand the complexity of the assessment of the good character requirement for nursing and midwifery pre-registration students, which will inform decisions made regarding good character within the FtP process. It will also inform the future education of pre-registration nursing and midwifery students in relation to the good character requirement with the potential to contribute to a reduction in the number of registrant FtP cases being brought before the NMC.

This study examines the perspectives of decision-makers in the assessment of good character relating to the continued fitness to practise of nursing and midwifery pre-registration students. This chapter presents my approach to reflexivity within the thesis and my reasons for undertaking the study. An introduction to Foucault's theory of governmentality is provided in this chapter, as it is used throughout this thesis to interpret and question our current understanding of the good character requirement for pre-registration nursing and midwifery students within the FtP process (Foucault, 1988). I will

also introduce the research question and discuss how the question evolved during the study. I conclude this chapter with a brief overview of the structure of the thesis.

1.2 APPROACH TO REFLEXIVITY

The exploratory nature and the theoretical approach to this study meant that an interpretive qualitative research methodology was identified as the most appropriate approach and requires the consideration of reflexivity. This section makes clear my reflexive approach before outlining the reasons for undertaking this study. Both the interpretive qualitative methodology used and further consideration of reflexivity is discussed in more detail in chapter three.

It is acknowledged that reflexivity may cause emotional discomfort and/or distress in some researchers, as they realise the extent of their own biases and mistakes within the research process (Probst and Berenson, 2014). However, as the researcher I am part of the study and therefore, subject to the same critical analysis as the study itself. It is for this reason that I have chosen to speak in the first person in this thesis. Reflexivity allows the researcher to talk to the reader and to be visible within the text, acknowledging their positioning within the study and their influence upon the process and findings (Webb, 1992; Finlay and Gough, 2003).

I am aware that my background as an experienced nurse, nurse educator, a mother with university age children, my philosophical stance, values and feelings, have all undeniably contributed to the interest I have developed in the experiences of the participants as decision-makers in this study and also to the way that I view good character myself.

Reflexivity has enabled me to explore my approach as a novice researcher and the conflict this presented to me. It has also allowed me to explore the relationship between myself as the researcher and the participants as decision-makers in student FtP. This has

enabled me to develop a better understanding of how I have contributed to the study. It has also enabled me to have a clearer understanding of my contributions to the research, my own philosophical perspective and develop a methodology that has been compatible with the research aims and the theoretical approach.

1.3 REASONS FOR UNDERTAKING THIS STUDY

I currently work within higher education (HE) and prior to this worked as a registered nurse within the United Kingdom (UK) National Health Service (NHS). As an academic I have worked predominantly within nurse education. I represent the faculty on academic misconduct panels and I attend the faculty suitability panel, which is a faculty rather than university level FtP panel. I have also represented the faculty when presenting cases to the university FtP panel.

The faculty suitability panel is used to determine the FtP of pre-qualifying students on professional programmes from health, social work and initial teacher education in relation to health and good character. The panel comprises senior members of academic staff from the various professional programmes and practice partner representatives. The panel considers the cases of students whose health and/or good character are called into question, both in terms of disclosure and barring service (DBS) checks, occupational health submissions at the start of the course and in relation to any concerns raised during the course.

My experience of these panel meetings varied depending upon the individuals in attendance: some individuals had very strong views and seemed unwilling to accept alternative perspectives; practice partners sometimes had different expectations of students' good character compared to academic staff. Within our institutional documentation, other than reference to professional codes in relation to the relevant programmes, I found no specific guidance regarding information that should be

considered when a student's good character is called into question during the course. This caused me to question the consistency of approaches used to determine FtP in relation to good character, particularly in relation to a shared understanding of the issues encountered.

From my experience, as a member of the faculty suitability panel, I felt that decisions could sometimes be disproportionately harsh and based upon moralistic determinations, which presented the potential for unfair and/or inappropriate decisions to be made: on a number of occasions I felt uneasy about decisions made regarding student FtP and the impact that these decisions would have upon students' future careers. The emphasis was always on protection of the public, which seemed right and proper, but the impact sometimes seemed disproportionate and more heavily based upon the values and beliefs of louder or more authoritative people on the suitability panel.

As a nurse registrant myself, my professional career has been based upon the need to uphold ethical principles in relation to a non-judgemental attitude and I was particularly interested in the good character requirement in relation to nursing and midwifery students. The FtP process often felt highly judgemental but these judgements varied to some extent from person to person. I felt that this lack of a clear understanding of the good character requirement made fair and consistent decision making difficult, which I did not feel was appropriate or ethical. From my own perspective, I was concerned to demonstrate that I was '*doing the right thing*' both in terms of treating students fairly and maintaining public protection.

1.4 BACKGROUND TO THE STUDY

To gain a clearer understanding of the good character requirement I undertook an initial scoping review of the literature in relation to the regulation of the nursing and midwifery professions. This review revealed that, over the past decade, increased attention has

been paid to assuring public protection both nationally (Tee and Jowett, 2009; Mid-Staffs NHS FT, 2010; Snow, 2012; Keogh, 2013a; Mid-Staffs NHS FT, 2013; Kirkup, 2015) and internationally (ICN, 2013). From a global perspective, increasing opportunities for the migration of qualified nurses may risk the assurance of public protection if there is a lack of understanding amongst registrants regarding the professional and regulatory requirements of each country (Kingma, 2006; Cutcliffe *et al*, 2011; Benton, González - Jurado and Beneit-Montesinos, 2014). Indeed the Council for Healthcare Regulatory Excellence (CHRE) identified that good character is not a widely recognised term outside of English-speaking countries, resulting in variation in relation to behaviours deemed as acceptable in different countries (CHRE, 2008).

Recognising that there were inconsistencies in the use of the term 'good character', the CHRE was asked to work with the regulatory bodies to recommend a single standard definition for all health professions. As an outcome of the CHRE (2008) review, an applicant would be:

"deemed to be of good character if he/she has not acted in the past, and/or is not liable in the future, to act:

- i. in such a way that puts at risk the health, safety or well-being of a patient or other member of the public*
- ii. in such a way that his/her registration would undermine public confidence in the profession*
- iii. in such a way that indicates an unwillingness to act in accordance with the standards of the profession*
- iv. in a dishonest manner".*

(CHRE, 2008:12)

Interestingly, the NMC no longer explicitly defines good character and does not refer to the CHRE guidance. Instead the NMC states on its website that a professional's character is an essential component of the Code (NMC, 2016a). The current NMC guidance relating to good character states that the guidance is intended to assist in determining what is

and is not appropriate to consider in relation to a registrant's character and to maintain consistency, fairness and transparency in relation to all aspects of the decision-making process (NMC, 2015b). In relation to student good character HEIs are advised to refer to the registrant guidance and the registrant code (NMC, 2016a).

The first regulatory body requirement relating to good character was introduced in 1995 following the incorporation of colleges of nursing and midwifery into higher education. There were concerns that the move to HEIs would widen the gap between theory and practice. To try to address these concerns the regulatory body at the time, the United Kingdom Central Council (UKCC), introduced a declaration of good health and good character to be completed by each HEI in relation to every student at the end of the programme (Jowett, 1997). However, only limited guidance was provided in relation to what the declaration of good character actually meant, which raised questions regarding its accuracy and worth (Jowett, 1997; Sellman, 2007).

The FtP requirement for the good (health and) character of student nurses and midwives on admission to, and for continuation in education and training, was made a legal requirement in 2001 (Statutory Instruments, 2002). In 2002 the United Kingdom Central Council (UKCC) was replaced with the Nursing and Midwifery Council (NMC). However, up until 2004 the term '*professional conduct*' was used rather than '*good character*' in the UKCC and NMC FtP annual reporting (UKCC, 2001; NMC, 2004a; NMC, 2009a) and within the professional codes (UKCC, 1983; UKCC, 1992; NMC, 2002; NMC, 2003; NMC, 2004b; NMC, 2008a). There is no evidence to indicate how or in what form good character was assessed prior to the formal introduction of the NMC FtP policies and procedures in 2009. However, prior to the movement of nurse education into HEIs, nursing and midwifery students were employed by the hospitals in which they trained and if their professional conduct was called into question this was generally dealt with through employer disciplinary processes.

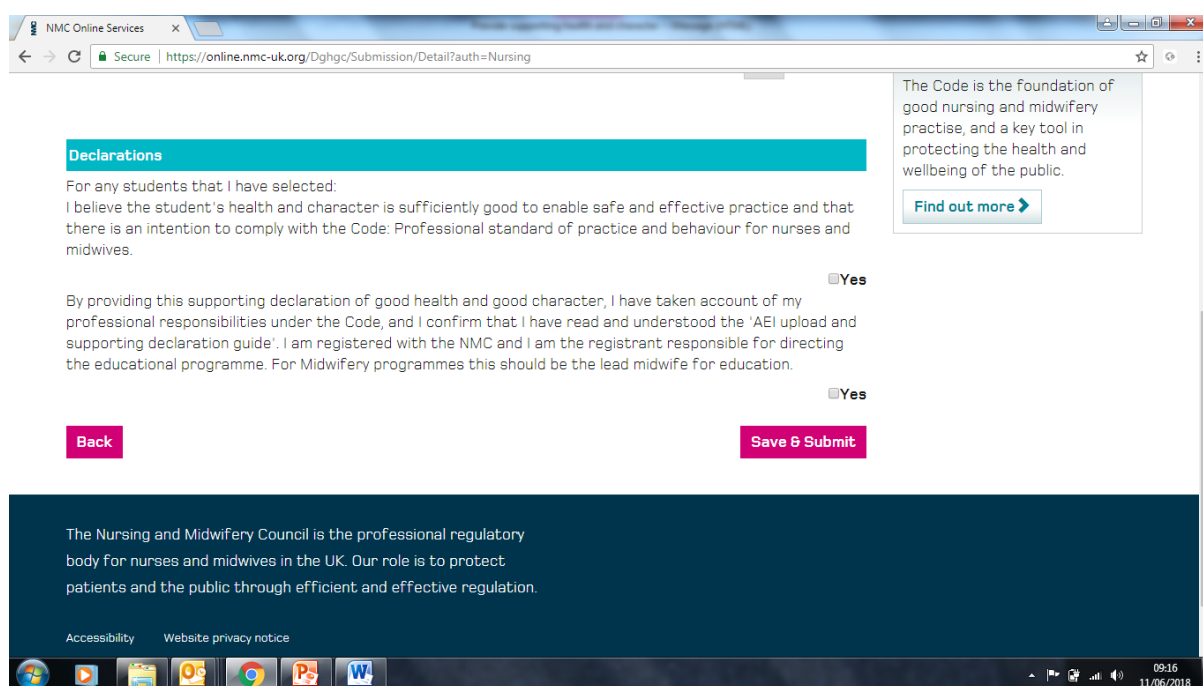
There has been a plethora of publications from the NMC since its inception as the professional regulatory body. In particular the NMC has published a number of documents relating to the good character requirement over the past ten years (NMC, 2008b; 2010a; 2011; 2015a; 2015b; 2016a; 2016b; 2016c; 2017a; 2017b). However, despite increased regulation there have been numerous reports identifying inadequacies in the quality of care provision across the healthcare sector (Mid-Staffs NHS FT, 2010 and 2013; Keogh, 2013a; Kirkup, 2015) alongside year-on-year increases in the number of FtP cases being brought before the NMC (2018). The percentage of referrals to the NMC in relation to the total registrant population is small, however the NMC annual FtP reports indicate a four-fold increase in the number of referrals over a nine year period from 2009 to 2018 (NMC, 2009a; NMC, 2018). Increasing number of NMC FtP referrals and numerous reports detailing inadequate care led me to question whether or not the FtP processes that I was involved in were effective in ensuring that only individuals with evidence of the required good character went on to register with the NMC.

Since 2009, all HEIs have been required to have FtP processes and a FtP panel in place to consider any potential health issue or misconduct during the course (NMC, 2010a); HEIs have effectively become the gatekeepers to the nursing and midwifery professions. The NMC further requires assurance that HEI processes for the selection, admission, progression and completion of nursing and midwifery education courses are open and fair (2016b); based upon my experiences I believed that this may not be the case when FtP was questioned during the course.

FtP decisions made at the applicant selection point may be different to decisions made when good character is called into question during the course, as the NMC guidance (NMC, 2009; 2010b; 2016a; 2016b) is less specific in this circumstance and decisions appear to be subject to the requirements of the local HEI FtP processes. From my own experience I found that concerns relating to health or good character at the application

stage were generally easier to deal with, as there are relatively clear criteria for this. However, when health or good character is called into question during the course, different processes apply. Health is generally easier to consider and reach a decision because this largely relies on occupational health or other medical assessments of FtP. However, good character seems much harder to discern.

Questions regarding the effectiveness of HEIs in both choosing the right candidates for admission to pre-registration nursing and midwifery courses and determining their continued suitability throughout the course have been raised (Sellman, 2007; Unsworth, 2011; Boak, Mitchell and Moore, 2012; Keogh, 2013b; Haycock-Stuart *et al*, 2014). However, there are no central data regarding the number of students investigated for misconduct or those referred to the FtP panel, as this information is held locally by each HEI and there is not a requirement for this to be reported to the NMC. The only requirement of the NMC is the continued declaration of "*good health and good character*" (Jowett, 1997). The current NMC request to signatories regarding the declaration states the following:



The screenshot shows a web browser window with the URL <https://online.nmc-uk.org/Dghgc/Submission/Detail?auth=Nursing>. The page is titled "Declarations" and contains the following text:

For any students that I have selected:
I believe the student's health and character is sufficiently good to enable safe and effective practice and that there is an intention to comply with the Code: Professional standard of practice and behaviour for nurses and midwives.

☐ Yes

By providing this supporting declaration of good health and good character, I have taken account of my professional responsibilities under the Code, and I confirm that I have read and understood the 'AEI upload and supporting declaration guide'. I am registered with the NMC and I am the registrant responsible for directing the educational programme. For Midwifery programmes this should be the lead midwife for education.

☐ Yes

[Back](#) [Save & Submit](#)

The Code is the foundation of good nursing and midwifery practise, and a key tool in protecting the health and wellbeing of the public.
[Find out more](#)

The Nursing and Midwifery Council is the professional regulatory body for nurses and midwives in the UK. Our role is to protect patients and the public through efficient and effective regulation.

Accessibility Website privacy notice

Signatories are referred to the NMC health and character guidance for HEIs, which is a website containing limited information (NMC, 2016a). The NMC state on this website:

We do not regulate student nurses and midwives. It is for AEIs (Academic Education Institutions) to assess the character and health of students and prospective students according to their own policies and processes and equality legislation.

When students apply for entry to the register, the Registrar will assess whether she is satisfied that the applicant is capable of safe and effective practice. The health and character of the applicant is part of that consideration.

(NMC, 2016a)

HEIs can identify FtP concerns on the declaration but this is left to the judgement of the registered practitioner completing the form.

The lack of central data regarding the FtP of nursing and midwifery students in the UK makes it difficult to determine the effectiveness of the current assessment of good character. It is evident that FtP concerns have increased year on year in the registrant population (NMC, 2018) but it is not clear whether any of these individuals were subject to FtP proceedings as a student. The evidence from the medical literature suggests that there is an association between misconduct as a student and as a registrant (Papadakis *et al*, 2004; 2005) but without some sort of central monitoring further evidence in relation to this will be difficult, if not impossible, to obtain. An advantage of introducing central monitoring is that it would prevent unsuitable students from moving between HEIs to avoid or following FtP procedures; identified as a potential problem by Boak, Mitchell and Moore (2012) and Haycock-Stuart *et al* (2014).

Inconsistent practices between HEIs may be perceived as unfair and potentially leaves the HEI open to legal challenge regarding any FtP decisions made (Unsworth, 2011). For example, failure to make appropriate referrals to the HEI FtP panel may result in some students successfully completing the course and registering with the profession when they are unsuitable (Hunt *et al*, 2012) or some students may be discontinued from the course

when they may have gone on to become competent practitioners of good character. Wide variation in FtP referrals between HEIs has been identified, with some HEIs automatically referring any student who has been subject to university disciplinary procedures, such as plagiarism, to the FtP panel, whilst others consider the honesty and competency of the student in determining whether to refer (Haycock-Stuart *et al*, 2014). Such variation is indicative of potential inconsistencies between HEIs in the referral of students to FtP panels and in the decisions made by those panels, which is supported by the literature (Aldridge, Bray and David, 2009; Unsworth, 2011; Boak, Mitchell and Moore, 2012; Keogh, 2013b; Haycock-Stuart *et al*, 2014; Maclaren *et al*, 2016). My own experiences reflected that variation also occurred within the institution, because it was influenced by the panel members. Whilst public protection is the primary consideration (NMC, 2015a), inconsistent practices relating to FtP behaviours between different HEIs fails to promote public protection, trust and confidence in the professions.

The initial scoping literature search revealed that there appeared to be very little research specifically on the subject of good character, which is explored further in chapter two. However, an abundance of discussion papers and professional body literature were identified. I found this lack of research concerning given the potential gravity of decision making related to FtP situations.

As part of the professional doctorate programme that I was undertaking I decided that good character decision-making was an area of interest that would be worthy of further study. A social constructionist lens is used to explore the socially constructed phenomenon of good character within FtP in relation to Roland Barthes' mythologies (Barthes, 1973) and Michel Foucault's theory of governmentality (Foucault, 1988), which are explored further in the next section. The opportunity to undertake this research meant that I could explore an area of practice and contribute new knowledge to this important subject area. I also hoped that my study would prompt further research in this

area and may inform future policy, either locally within my HEI or nationally, in relation to professional body requirements.

1.5 INTRODUCTION TO THEORETICAL APPROACH – MYTH AND GOVERNMENTALITY

The theories of the French semiotician Roland Barthes and the French philosopher Michel Foucault are introduced in this section as they are used to inform the review of the literature in chapter two and the analysis and discussion of the findings in chapter four. Foucault's work is largely based upon a social constructionist perspective, which is also introduced here but is applied in more detail to the research methodology in chapter three.

Barthes is a leading semiotician whose work is based upon the approach of Ferdinand Saussure. Barthes (1973) proposed myth as a second order semiotic system in that the true meaning of something is hidden by a more socially acceptable meaning. Through his study of signs, Barthes (1973) was concerned with the way in which reality is presented as '*natural*' but is actually based upon myths that are historically based and are conveyed by prevailing discourses and ideologies. He identified myths, not as objects, concepts or ideas but, as a way of conveying a message. The discourse, according to Barthes (1973), represents the myth, but the hidden less acceptable meaning relates to power relations that control behaviour through discursive practices. The proposed myth of good character that is presented in this thesis emerges from the nursing and midwifery professional discourse and seems to have been accepted by the professions. The discourse presents evidence of good character in terms of a good and caring nurse or midwife who abides by the Code but the underlying message within the Code relates to discursive practices that control behaviour through power relations. The myth of good character is discussed in this thesis as part of a Foucauldian critique, which is presented in chapter two through the discourse of good character.

Within social constructionism, language has been identified as the most effective means of constructing subjective reality in which concepts have a shared meaning and understanding (Berger and Luckmann, 1991; Hall, 1997). Shared understanding results in knowledge assuming a taken-for-granted reality that becomes internalised and accepted as truth over time. The construction of a subjective reality through language is based on a non-essentialist perspective in which knowledge and understanding does not reside within the individual to be discovered but is constructed through social interaction.

Language was initially interpreted in terms of semiotics, which relates to the study of signs and symbols, and more recently by discursive practices identified by Foucault. Within a social constructionist context there is not one objective understanding of reality, instead there are multiple representations that are historically, culturally and situationally specific and, therefore, subject to change (Berger and Luckman, 1991; Hammersley, 1992; Burr, 2015; Gergen, 2015).

The term '*discourse*', within social constructionism, does not simply relate to spoken or written communication within the immediate context, as conversation or information, but also to the way in which we are created through discourse within a power relationship (Foucault, 1991). Foucault was primarily concerned with how discourses defined reality, thereby creating the subject and the ways in which human beings modify their own behaviour as a result of the interrelation of structure, knowledge and agency (Foucault, 1972; 1982; 1988; 1991; 1997). Foucault encourages us not to accept what appears to be the prevailing '*reality*' without questioning this, as this reality is merely a construct within the bounds of what we know already and there may be alternative realities. There is some irony in this in that Armstrong (2015) suggests that Foucault's work itself appears to have been accepted without question and that there may be a tendency to read more into what he says or substantiates. Acknowledging this criticism, Foucault's theories are

used widely to present the notion that identities are discursively constructed within self-organising systems of knowledge, which are governed by rules (Foucault, 1972).

Through his various publications Foucault identified that those who have power and the ability to communicate, such as professional and regulatory bodies, are able to control who we are through the creation of what is accepted as reality: the truth, morality and meaning of the social world (Foucault, 1972). Discourses are identified as:

“practices that systematically form the objects of which they speak. In addition, discourses are not about objects; they do not identify objects, they constitute them and in the practice of doing so conceal their own invention”

(Foucault, 1972: 49)

Foucault (1972) identifies that discursive practices evident within the discourse are acted out by individuals who wish to transform themselves to behave in a manner that enables them to achieve the desired identity that is presented in the discourse:

“there is no knowledge without a particular discursive practice; and any discursive practice may be defined by the knowledge that it forms”

(Foucault, 1972: 183)

Within chapter two the discourse of the Code presents the identity of the good and caring nurse or midwife and discursive practices are identified that aim to control the behaviour of registrants and students. If a student or registrant wants to be considered as being of good character he/she will act out the discursive practices within the Code to evidence behaviour in accordance with the rules and the accepted norms. Behaving in accordance with the rules presents the notion of performance, which has been used as a metaphor within social constructionism to explain the non-essentialist nature of behaviour (McNamee, 2013). If all action is considered as a performance this allows for alternative

performances to be carried out, rather than behaviour being understood as an innate characteristic over which the individual has little control.

Much of Foucault's work focuses upon history through archaeology or genealogy of knowledge production (Foucault, 1970; 1972; 1986; 2003). History in this sense is not presented as objective facts but as the identification of systems of knowledge, which emerge as truth or reality within a social, historical and cultural context, to inform thinking at a particular point in time (Foucault, 1972). Foucault identifies these systems of knowledge as inextricably linked to power and are considered in the next section in relation to governmentality.

1.5.1 GOVERNMENTALITY

Governmentality identifies how technologies of power and technologies of the self interact to guide or control the behaviour of individuals. Most of Foucault's theories of governmentality came from his studies on sexuality (Foucault, 1978, 1985, 1986). Governmentality is the effect of the interaction of two technologies as competing strategic power relations that are used to guide or conduct behaviour: technologies of power and technologies of the self (Holmes and Gastaldo, 2002; Martin *et al*, 2013). Foucault defines these technologies as:

"technologies of power, which determine the conduct of individuals and submit them to certain ends or domination, an objectivizing of the subject ...

technologies of the self, which permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality."

(Foucault, 1988:18)

'Power' within this context is identified as a relationship between discourse, knowledge and power (Foucault, 1988, 1991; Burr, 2015). Foucault's interest does not relate to power that can be identified as an entity in specific places or groups but rather as a power that is all around us and acts over time through power relations of actions or rules, acting upon the actions of others "*A set of actions upon other actions*" (Foucault, 1982: 789). Foucault is indicating that knowledge has been constructed as a means of exerting power, but knowledge and power do not exist independently nor does having knowledge enhance or lead to power (Armstrong, 2015).

Power, as identified by Foucault (1982), is not an essential element of life, but it is suggested that it does influence how an individual '*creates*' him or herself and guides behaviour (Kelly 2008: 103). The student and registrant create their preferred identity through internalisation of the discourse, as a result of the existence of a power relationship. In relation to the good character requirement, the review of the literature in chapter two will demonstrate how the discourse presents the preferred identity as that of a good and caring nurse or midwife, who abides by the requirements of the professional Code. Within this power relationship students and registrants '*feel*' free to make a choice of either acting in accordance with the norms presented within the discourse or resisting. The essence of the free human subject in this sense reflects the notion that individuals feel free to make a choice but that this choice is within the confines of the prevailing historical and cultural discourses (Foucault, 1982).

The notion of freedom is essential for the power relationship to exist; if there is no possibility of choice, then there is no possibility of resistance and so power does not exist, only dominance (Foucault 1982). This is a non-essentialist perspective, as the actions are

not something that the individual creates from within but are socially situated and based upon the prevailing systems of knowledge.

Technologies of power and technologies of the self will be discussed in the next section in relation to how they operate to guide or conduct behaviour.

1.5.1i TECHNOLOGIES OF POWER

Foucault suggests that individuals become subject to technologies of power through objectification as a result of "*dividing practices*" (1982: 777). Dividing practices are the way in which a person becomes separated according to norm and deviance and are described in detail in his publications regarding the mad and the sane and the sick and the healthy (Foucault, 1991). In this case (in the context of this study) the student becomes separated according to the demonstration of good or bad character. Objectification of character in this way allows the student or registrant to become subject to technologies of power in the form of disciplinary power, which operates to maintain the norm as presented in the discourse: the fear of being labelled deviant compels the individual to behave in accordance with the norms (Foucault, 1982).

The concept of disciplinary power operates through surveillance and gaze and is based upon the metaphor of the Panopticon, which was a design for a prison produced in the late eighteenth century (Foucault, 1991). The Panopticon was represented by prison cells, which were grouped around a central viewing tower so that the prison warden could view any cell, at any time, but the prisoners did not know when they were being observed. It is suggested that the operation of hierarchical surveillance and gaze in this way makes it easier to control individuals without force, due to the constant fear that individuals may be seen if they do something wrong (Foucault, 1991). This not only encourages individuals to conform to the norms expected but also to discipline themselves to continue to behave in this way (Eckersley, Ferry and Zakaria, 2014; Armstrong, 2015). Within this

concept behaviour is internalised and normalised over time and conformity is enforced through the desire to avoid punishment (Armstrong, 2015).

Within the concept of the Panopticon the threat of consequence is always present and in the case of nursing and midwifery registrants and students the stakes are high if they are seen to be doing something wrong: failure to gain access to the register for students and removal from the register for registrants. Normalisation as a result of disciplinary power can lead to what Foucault refers to as '*docile bodies*' (Foucault, 1991:138) in which individuals conform (or perform) and become rule-followers within a particular setting, rather than being self-critical and reflexive. The effectiveness of disciplinary power alone for controlling the conduct of students and the professions is questionable if it fails to promote self-critical and reflexive behaviour, which is identified as a more effective means of controlling behaviour through the promotion of technologies of the self (Martin *et al*, 2013; Armstrong, 2015).

1.5.1ii TECHNOLOGIES OF THE SELF

As his work developed further Foucault focussed less upon subjectification through technologies of power and more upon self-government, a practice of the self-formation of the self (Kelly, 2008; Olssen, 2009). This concept of the self constructing self is important in distinguishing it from essentialist notions of the self being an internal entity that already exists. It is more concerned with how individuals act upon themselves to transform themselves so that they can achieve a desired identity (Foucault, 1988). Foucault's notion of the self is that it is constructed and there are different selves depending upon the current '*truths*' of the game that we engage in and our internalisation of these truths (Foucault, 1997). Foucault describes a game as a set of rules that invoke power relations leading us to behave in a certain way because we believe that this will lead to happiness and fulfilment (Foucault, 1997). In relation to good character, abiding by the rules of the

Code will enable the individual to achieve their desired identity of the good and caring nurse or midwife.

Technologies of the self are identified as a more constructive and more effective means of controlling behaviour because rather than external factors influencing control, as in disciplinary power, it is the individuals' own will that controls their behaviour, influenced by discursive practices (Martin *et al*, 2013). Within chapter two a Foucauldian analysis of the NMC good character guidance is presented, which suggests that if students operate within technologies of the self in relation to reflection, insight, honesty and integrity they are more likely to be deemed to be of good character.

Governmentality questions many taken for granted assumptions in nursing, in particular the ability to act as autonomous practitioners. Autonomy suggests an element of professional freedom, but a social constructionist perspective would indicate that we have no freedom, in the truest sense of the agentic subject (Foucault, 1982). This is because our knowledge and behaviour are limited by what we know already, which is limited in turn by the prevailing discourses. However, as identified earlier, it is the concept of '*feeling*' free to make a choice that is important, and it is this perception of freedom that enables the power relations to exist through discursive practices that seek to guide and control behaviour (Foucault, 1982).

Armstrong (2015) criticises Foucault's theories as they do not present a bottom-up, micro-level perspective of disciplinary regimes through the voices of the subjects, nor any evidence to suggest that such regimes do shape individuals as intended. Foucault is also criticised for presenting a pessimistic and nihilistic account of life through repressive power relations. However, several authors argue that Foucauldian analysis enables power relations to be seen as positive and productive and allows for alternative possibilities to be identified (Cheek and Porter, 1997; Holmes and Gastaldo, 2002). This perspective is

supported by Foucault who argues that it is not his intention to prove anything, merely to question current practices, to open up the possibilities for an alternative conversation and alternative actions. Foucault's theory is used within this thesis in an attempt to open up this possibility of an alternative conversation and alternative actions that may better inform the assessment of good character in nursing and midwifery pre-registration students.

1.6 EVOLUTION OF THE RESEARCH QUESTION

This section will discuss the evolution of the research question as I carried out this study. My experiences of the FtP process, as discussed earlier, and an initial review of the literature in relation to the regulation of the professions and the implementation of FtP processes, led me to question the concept of good character described by the professional body in the professional code (NMC, 2015a) (Referred to as '*the Code*' in the remainder of this thesis). The concept, as described, seemed to me to be contradictory and confusing for individuals making decisions regarding the continued FtP of pre-registration students, which had the potential for inconsistent and unfair decision-making.

The concept of good character itself will be explored further in chapter two. I wanted to look more closely at what influenced decision-makers regarding their decisions. To achieve this aim I identified the participant group as registered nurse or midwifery academics and practitioners who had been actively involved in decision making processes related to the good character of nursing and/or midwifery students, as part of HEI FtP processes. Specific participant selection criteria were identified, which are discussed in more detail in chapter three.

The initial aim of this study was identified as follows:

To identify and explore factors individuals consider when making decisions about nursing and midwifery students' good character in relation to fitness to practise.

This was further developed into the following research question:

In relation to nursing and midwifery pre-registration students, what are the specific concerns and/or considerations of individuals called upon to make decisions regarding good character?

The exploratory nature and the theoretical approach to the study meant that an interpretive qualitative research methodology was identified as the most appropriate approach. I wanted to mimic FtP decision-making to some extent through an iterative conversation with the participants but I did not want to do this in real-time. Based upon these considerations a modified qualitative Delphi approach was adopted as the research method for this study and is discussed in more detail in chapter three.

However, once I had started to analyse the data from the first round of the Delphi I realised that the research question did not fully address the issues I wanted to explore and did not really take into account the way that my thinking had changed in relation to the social constructionist theoretical approach to the study. Refining the research question part-way through a study is identified as appropriate and important if the researcher finds that he/she is asking the wrong, or not quite the right, question (Maxwell, 2013; Thomas, 2013). Once the iterative process had been identified as important I chose to incorporate the iterative nature of the approach into the research question; I wanted to identify how individuals developed their perspective when presented with the perspective of others through iterative rounds. As a result the research question evolved into:

Within the context of the fitness to practise of nursing and midwifery pre-registration students, and from the perspective of the individuals making decisions about students' good character, what do iterative responses to identified dilemmas reveal about the assessment of good character when this is questioned during the course?

The reasons for the choices made in relation to the research design are explored more fully in chapter three but the iterative rounds of the Delphi method, utilising a qualitative methodology, were used to enable me to have an asynchronous conversation with the participants whilst maintaining their anonymity and reducing the effect of power relations that may occur in a face-to-face situation.

1.7 STRUCTURE OF THE THESIS

This thesis is organised into five chapters. An introduction to the thesis has been presented in this chapter. Chapter two presents a review of the literature which identifies the discourse of good character in relation to the FtP of the nursing and midwifery professions. The discourse will be discussed in relation to Foucault's (1988) theory of governmentality and will incorporate the research literature relating to good character.

The methodology chapter (chapter three) provides a critical review of the choices and decisions that I made when constructing this study. Within this I have included the justification for the methods used, ethical considerations and the steps taken to maintain trustworthiness of the data.

Chapter four will present the study findings from the three Delphi rounds along with an overall analysis and discussion of the findings in relation to the literature discussed in chapter two. Finally the overall conclusions and implications for practice are made in chapter five.

CHAPTER TWO – THE LITERATURE REVIEW

2.1 INTRODUCTION

This chapter presents the professional discourse of good character as it relates to pre-registration nursing and midwifery education based upon the available literature and viewed through a social constructionist lens. The literature is used to propose that the discourse of good character has resulted in increasing regulation of the nursing and midwifery professions, which has further influenced the discourse, through the emergence of powerful discursive practices that exercise governmental control over the behaviour of registrants and students.

An outline of the search strategy used to identify relevant literature relating to the good character requirement for the nursing and midwifery professions is provided. This is followed by a constructionist Foucauldian analysis and critique of the literature demonstrating how the power relations of governmentality operate through the nursing and midwifery professional discourse of the Code to guide or control the behaviour of registrants and students. These power relations are not implemented by professional bodies but they occur through discursive practices within the discourse over time and have become accepted as truths (Burr, 2015).

2.2 LITERATURE SEARCH STRATEGY

This section provides an overview of the search strategy used to review the literature relating to the good character requirement. It is important to note that this is not a traditional literature review undertaken as part of an empirical study, as it includes reference to assumptions and versions of the truth that appear as part of the discourse and change over time. The account presented here is my version of the truth but it is acknowledged that others will have different versions. It is essential to include these

assumptions, based upon the literature, as they add to the discourse of good character within the nursing and midwifery professions.

The focus of this thesis is FtP in relation to the assessment of good character in the nursing and midwifery professions. For this reason the FtP literature related specifically to good health has been excluded from the discussion. This chapter enables the reader to gain an awareness of how the discourse influences perceptions of good character, which will ultimately influence decision makers when determining the good character of pre-registration nursing and midwifery students.

There were two stages to this literature search:

1. The first stage of the literature search was to identify the discourse of good character, which involved a search and critique of secondary data relating to the good character requirement so that new perspectives could be identified. It was necessary to consult general literature available on the subject. Nursing history books and discussion papers were the main sources of information regarding the perception of good character within the nursing and midwifery professions during particular time periods but newspaper and discussion articles were also identified. Professional body and policy documents were identified as relevant to the discussion because of their contribution to the professional discourse.
2. The second stage of the literature review involved a search of the academic literature to identify relevant research in relation to the use and implementation of the good character requirement in the nursing and midwifery professions. The following inclusion criteria were identified:
 - Be related to '*fitness to practise*' in relation to the '*good character*' of the nursing and midwifery professions, including pre-registration students.

- Restricted to 2000 to the present day, as the FtP requirement for the good (health and) character of student nurses and midwives on admission to, and for continuation in education and training, was not made a legal requirement until 2001 (Statutory Instruments, 2002).
- Be in English, to reduce misinterpretation during translation.
- Be research studies or complete literature reviews of the subject area, which have been peer reviewed, as this would improve the academic credibility of the study.

The literature search table in appendix 1 details the approach to searching the literature. Any studies that did not meet the above criteria in relation to research studies or literature reviews were considered generally in relation to their contribution to the discourse.

In the first instance, the electronic databases CINAHL, MEDLINE, AMED, Psycinfo, Academic Search Complete and SocINDEX were searched using various combinations of the following key words/phrases:

'professional', 'conduct', 'misconduct', 'nursing', 'nurse', 'midwifery', 'midwife' 'student nurses', 'student midwives', 'suitability', 'good character', 'moral appraisal', 'nursing ethics', 'midwifery ethics', 'behaviour', 'unprofessional', 'fitness to practise', 'unethical', 'character', 'virtue'.

The initial selection of relevant literature was based upon an appraisal of the abstract. The full text of any potentially useful publications was examined to determine whether they met the inclusion criteria. The reference lists of potentially useful publications were also reviewed and further potential publications identified; these were then selected if they met the inclusion criteria.

This focussed search for research relating specifically to good character in nursing and midwifery FtP identified only five UK empirical publications (Tee and Jowett, 2009; Unsworth, 2011; Haycock-Stuart *et al*, 2014; Maclaren *et al*, 2015; Haycock-Stuart *et al*, 2016). However, two of these publications appear to relate to one overarching study (Haycock-Stuart *et al*, 2014; Maclaren *et al*, 2015). One systematic review was identified and included as relevant (Jomeen *et al*, 2008) along with one general investigatory review (Sin and Fong, 2008). Two publications, which appeared to have transferability to the UK context, were also identified from the international literature (Johnstone and Kanitsaki, 2005; McCrink, 2010). One literature review was published in relation to the allied health professions, which did include some detail regarding nursing and midwifery regulation and has, therefore, been included (Boak, Mitchell and Moore, 2012).

Most of the above research studies were qualitative, exploratory studies with small purposive samples. The sample sizes and approaches taken were generally appropriate for the research methods undertaken. It is accepted that these qualitative studies are not necessarily representative of the population, nor did they intend to be, but the findings are transferable to similar contexts. Some of the studies identified that conceptual and or procedural FtP guidance was often unclear, which may result in inconsistencies but overall each of these studies focussed upon different aspects of the FtP process resulting in limited evidence of the findings supporting or contradicting each other. The key findings from each of these studies are presented in appendix 2.

One further publication was identified that seemed to relate to a freedom of information survey request, but the quality of the data collection and analysis could not be determined (Keogh, 2013b). However, this publication has been included in the discussion related to the discourse.

Midwifery was not a specific focus of any of the publications, which is initially a little surprising although, given the dearth of studies generally, perhaps less so.

As few studies were identified relating specifically to student nurses or midwives, or nursing and midwifery generally, it was necessary to widen the search to other professional groups including doctors, social workers and allied health professionals. However, this was not without its difficulties, as the different professional groups use different terminologies to refer to comparable concepts of good character. Boak, Mitchell and Moore (2012:11) identified the following terms to represent FtP issues in other professions; '*professionalism*' for medical students; '*professional suitability*' for social work students; and '*good character*' for nursing and midwifery students.

A focussed search of the literature using combinations of the terms professional, conduct and suitability revealed that the word '*professionalism*' is used widely within the literature in relation to all professional groups but in different ways and within different contexts. This confusion with terminology was confirmed in a study of allied health professional students, which found that students' understanding of the word professional had different meanings depending upon whether it was being considered as an adjective (*being professional*) or as a noun (*being a professional*) (HCPC, 2014:30).

Within some studies professionalism is explored in relation to being a professional, which may include some aspects of professional behaviour (Adams and Miller, 2001; Hutchings *et al*, 2011; Keeling and Templeman, 2013; Kim-Godwin, Baek and Wynd, 2010). Other studies have tried to identify methods for determining a student or registrant's level of professionalism (Ginsburg, Regehr and Mylopoulos, 2009; Tam and Coleman, 2009; Hisar, Karadag and Kan, 2010; Hochberg *et al*, 2010; Tam *et al*, 2013; Worthington *et al*, 2013). However, the majority of these studies focussed upon fitness for practice, which mostly relates to competence and being a professional, rather than fitness to practise, mostly

related to conduct and being professional. Although some elements of conduct were included in the professionalism literature it was difficult to extract the information specifically, which resulted in many of these studies being excluded from this literature review. Only Ginsburg, Regehr and Mylopoulos (2009) and Tam and Coleman (2009) were found to have relevance to this study.

David and Ellson (2015) identify that FtP is different to professionalism and the two terms should not be confused: FtP is concerned with achievement of minimum standards of conduct and suitability for the profession whereas professionalism is concerned with achievement of the highest standards of practice and behaviour.

The literature reviewed is discussed in the following section in relation to its contribution to the discourse of good character within the nursing and midwifery professions.

2.3 THE DISCOURSE OF GOOD CHARACTER WITHIN THE NURSING AND MIDWIFERY PROFESSIONS

The discourse of good character within the nursing and midwifery professions is presented here in relation to its influence upon pre-registration nursing and midwifery education. The literature is used to demonstrate how discursive practices have emerged and become institutionalised within the nursing and midwifery professions to guide and control behaviour. The literature review will show how the discourse constructs and begins to dominate the attitudes and behaviours of the professions allowing the power relations of governmentality to operate.

The literature in this chapter will be presented and examined through a social constructionist lens using a Foucauldian analysis to present our *preferred stories* of the good character discourse and identifies whether these have largely been accepted by the professions and the public as objective reality. The discussion will demonstrate how increasing regulation of the nursing and midwifery professions has influenced the

discourse of good character over time. It will also demonstrate how the conceptual understanding of good character is influenced by the prevailing discourse and how discursive practices have emerged to enable the implementation of governmental techniques that influence the behaviour of nurses and midwives.

Nurse training schools were initially introduced in 1860. However, the nursing and midwifery professions were not legally recognised until the early 1900s, after the passing of the Midwives Act 1902 (Stevens, 2008) and the Nurse's Registration Act (1919). Over the course of the next 60-70 years it is suggested that the behaviour of nurses and midwives was guided and controlled by disciplinary power in the form of surveillance and gaze, which largely operated through the rules of social and gender hierarchies (O'Brien and Watson, 1993; Walker and Holmes, 2008). Respectability, self-sacrifice and good character, in terms of tidiness, punctuality and obedience, primarily to the medical profession, were viewed as desirable characteristics and this perspective was perpetuated in nursing training texts up to and including the 1970s (Bradshaw, 2001; Walker and Holmes, 2008).

The nursing and midwifery professions were viewed as suitable occupations for usually white, young, unmarried and middle-class women (Graham, Partlow and Maxwell, 2004). The role of women within society has changed significantly over the past fifty years, particularly since the passing of the Equal Pay Act (1970) and this seems to have had some influence upon the nursing and midwifery discourse; the expectations of registrants have moved away from those of obedience and self-sacrifice to expectations of good, caring, well-educated, autonomous and accountable practitioners (NMC, 2009b; 2010b).

In 1979 the approval of the Nurses, Midwives and Health Visitors Act prompted the introduction of self-regulation of the nursing and midwifery professions and provided the legal mechanism for change. The concept of self-regulation suggests a change in the way

that behaviour is influenced: from technologies of power enforced through external influences of surveillance and gaze to technologies of the self, enforced through the individual acting upon the self to achieve a desired identity, in this case a nurse or midwifery registrant. Nursing and midwifery pre-registration students are expected to adhere to the principles of self-regulation. For example, the NMC requires students to abide by the Code and to annually declare to the HEI that there are no changes to their health and character status (NMC, 2016a).

The current NMC guidance on good character states that it is intended to assist in determining what is and is not appropriate to consider in relation to a registrant's character and to maintain consistency, fairness and transparency in relation to all aspects of the decision-making process (NMC, 2015b). The NMC also handles all registrant FtP referrals within one FtP policy, which provides a basis for increased consistency of decision making for registrants but is not the same for students, as HEIs all have their own FtP policies.

The NMC registrant guidance attempts to qualify behaviours to strengthen FtP decision-making indicating that convictions, cautions, pending charges, breaches of the Code and adverse decisions made by other bodies or organisations against an individual should be considered (NMC, 2015b). This guidance also embraces some of the principles proposed by the CHRE (2008) and acknowledges that conduct, behaviour and attitude all form part of the consideration of good character. This is to some extent supported by the literature from other professions, such as social work, medicine and counselling psychology, where attempts have been made to define conduct in terms of characteristics such as behaviours, beliefs and values (Ginsburg *et al*, 2000; Lafrance, Gray and Herbert, 2004; Currer and Atherton, 2008; Tam and Coleman, 2009; Brear and Dorrian, 2010).

The NMC (2015b) also provides a list of serious misconducts that would be deemed to affect the registration or revalidation of registrants and a list of factors that are unlikely to affect an application. HEIs are directed to consider the registrant guidance when considering the good character of nursing and midwifery students. The provision of examples of unsuitable or unprofessional behaviours by the regulatory body has been acknowledged as useful (Boak, Mitchell and Moore, 2012). However, the CHRE (2008) decided against a list of specific unsuitable behaviours related to good character because it is not a widely recognised term outside of English-speaking countries, resulting in variation in relation to behaviours deemed as acceptable in different countries.

Even within the UK variation in the understanding of professional and unprofessional behaviours between doctors, medical students and the general public has been identified (Ginsburg, Regehr and Lingard, 2004; Brockbank, David and Patel, 2011). Although not related to FtP or good character specifically, Ginsburg, Regehr and Lingard's (2004) study focussed upon what doctors thought medical students should do within specific scenarios related to professional conduct and included behaviours associated with perceived honesty. A purposive sample of thirty doctors was recruited from Canadian teaching hospitals via email: fifteen from medicine and fifteen surgeons. Each participant was interviewed and asked to respond to five recorded scenarios, which placed medical students in situations that were deemed professionally challenging.

The findings demonstrated little consensus amongst the participants about what constituted professional and unprofessional behaviour in medical students; even when idealistic answers were suggested. For example, in one scenario depicting honesty, some participants found lying to the patient in the specific circumstances presented was the most professional action to take, whereas others identified lying as unacceptable regardless of the circumstance.

Brockbank, David and Patel (2011) included a wider sample in their study to explore whether members of the public judged examples of medical student misconduct more severely than medical students or doctors. The study found that the public would consider and judge professional behaviours from a different perspective and more harshly than doctors and students. However, as this was a survey, it is not clear whether lay members would have had a different view if they were able to hear the discussion relating to professional expertise and peer judgement, which is a limitation (Brockbank, David and Patel, 2011).

The NMC routinely includes lay members on FtP panels for registrants and various studies have recommended that HEI FtP panels should include students and/or lay people (Brockbank, David and Patel, 2011; Haycock-Stuart *et al*, 2014). From a social constructionist perspective, a lay person may challenge the prevailing professional discourse, which may enable alternative perspectives to be considered and introduce new possibilities for alternative courses of action. There is little evidence to suggest how many HEIs include students and/or lay people on FtP panels but there is evidence that HEIs often use another member of academic staff from a different subject area as the lay member on a FtP committee (Haycock-Stuart *et al*, 2014). Unfortunately, this may not have the same outcome as a lay person who has no experience of the institution and/or the educational discourse.

Haycock-Stuart *et al*'s (2014) study sought to identify good practice in FtP processes in HEIs in Scotland. The study involved the collection of data through interviews with key personnel involved in FtP processes in nine of the eleven HEIs in Scotland and also collected documentary evidence of FtP processes. Although the sample size is small and purposive the approach used is deemed appropriate for this study. However, limited information is provided regarding the data collection and analysis so it is difficult to make further judgements regarding the limitations of this study.

Overall the different groups in Brockbank, David and Patel's (2011) study were able to identify similar unacceptable behaviours: academic misconduct was judged more leniently by all groups in comparison to other behaviours such as financial fraud, misrepresenting qualifications, alcohol and drug misuse and a lack of insight regarding any wrongdoing. Students did not recognise some behaviour as seriously as doctors, identified in the study as possibly due to their lack of clinical experience.

Further limitations of Brockbank, David and Patel's (2011) study were identified, which may have affected the results. In particular, the scenarios presented to the participants did not always provide details of the context, which were deemed necessary to decide upon the action to be taken. A convenience sample was used for all groups, which may have affected the representativeness of the sample (Maxwell, 2013). Lay members were sampled from parents or carers of paediatric patients whilst waiting for outpatient clinic appointments at a single hospital site. There is a high likelihood that this particular group of people is not representative and may judge misdemeanours more harshly because they may consider the issues in relation to their children, given the area in which they were approached.

In an attempt to improve the conduct of the nursing and midwifery professions several initiatives have been introduced to try to ensure that the right people are recruited. These initiatives include the formal introduction of the 6Cs (care, compassion, competence, communication, courage and commitment) (DH, 2012) and values-based recruitment (VBR) policies (HEE, 2016).

The introduction of VBR practices is an example of practice that seems to have been accepted and internalised by the professions without really questioning its basis. A social constructionist perspective would propose that a student's character would develop and mature throughout the course as they learn how to create the identity of the nurse that

they are seeking to be. This is supported by the literature which suggests that even if students are recruited with the right values these can change throughout the course, as they become exposed to the reality of practice (Richardson, Percy and Hughes, 2015). There is no evidence that FtP concerns are higher in the student population than the registrant population so it is unclear whether students entering nursing or midwifery education without evidence of these values are more likely to become subject to FtP procedures.

Requiring the appropriate values base before being accepted onto a nursing or midwifery course fails to acknowledge the evidence from the social work, nursing and psychology literature, which suggests that students learn how to behave professionally once they commence a professional course and begin to gain experience and a good knowledge base (Ginsburg *et al*, 2000; Lafrance, Gray and Herbert, 2004; Currer and Atherton, 2008; Rudolfsson and Berggren, 2012; Haycock-Stuart *et al*, 2014; Haycock-Stuart *et al*, 2016). Ginsburg *et al* (2000) identify that there is a large body of literature relating to personality psychology suggesting that identifying specific character traits does not predict future behaviour, promotes an understanding of fixed characteristics and leads us to essentialise these characteristics. For example, by referring to honest or dishonest people rather than honest or dishonest behaviours.

VBR recruitment practices fail to recognise that there are numerous potential threats to maintaining compassionate values throughout the course as a student or later as a registrant, such as the negative effect of a highly pressurised healthcare environment (Mannion, 2014) or poor role models in the practice setting (Rudolfsson and Berggren, 2012). With a social constructionist perspective, good character does not come from within the individual as a fixed character trait but is constructed by historical, cultural and societal influences and is, therefore, subject to change (Berger and Luckman, 1991; Hammersley, 1992; Gergen, 2001; Burr, 2015). This perspective suggests that VBR

selection processes could discriminate against young people who have limited life experiences and whose values and beliefs may not be fully formed but may make excellent future practitioners. Continuing to adopt practices, such as VBR, with little questioning may not provide assurance that the right people are being recruited into nursing and midwifery education and should be questioned by the professions.

The literature reviewed focuses upon three key aspects of FtP within the nursing and midwifery professions. These three areas are presented below and discussed in more detail in the following section:

1. Conceptual understanding of good character
2. The level of risk associated with determining good character
3. The operation of discursive practices that promote technologies of the self

2.3.1 CONCEPTUAL UNDERSTANDING OF GOOD CHARACTER

The current conceptual understanding of good character is influenced by the prevailing discourse. In 1983, the UKCC became the new nursing and midwifery regulatory body and the first professional code of conduct for the nurse, midwife and health visitor was launched (UKCC, 1983). From a social constructionist perspective, the concepts within the professional codes, which are based upon normative principles of how professionals are expected to behave, become embedded within the discourse and are generally understood and accepted without explanation and without significant question (Stone, 2002). This taken-for-granted knowledge is historically, culturally and socially situated, which means that it is only deemed to be true in a particular place at a particular point in time and is subject to change (Burr 2015).

It has been suggested that a lack of conceptual understanding of good character may contribute to inconsistent HEI FtP practices, discrimination of disabled students (Sellman, 2007; Sin and Fong, 2008; Maclaren *et al*, 2015) and may also present challenges for the

self-reporting and assessment of good character (Haycock-Stuart *et al*, 2016). Indeed Maclaren *et al* (2015) identified that it was sometimes difficult to identify the threshold points between the stages of the HEI FtP process because of a lack of procedural and conceptual guidance regarding good character. Four key stages, and three thresholds between each stage, were identified (box 1).

Box 1 – Four key stages of the FTP process (Maclaren *et al*, 2015)

1. Pre-fitness to practise stage – identifies education and support for students to prevent impairment of fitness to practise
2. Stage 1 – an investigatory stage, which was generally preventative and supportive providing an opportunity for developmental rather than punitive action
3. Stage 2 – University fitness to practise committee hearing
4. Stage 3 – Appeal

The NMC previously published general guidance to assist HEIs in the implementation of FtP processes (NMC, 2010a). However, this guidance has been withdrawn and HEIs are now referred to the quality assurance framework (NMC, 2016b), which sets out the obligations and responsibilities of the HEI, and to the NMC character and health decision making guidance (NMC, 2015b), which provides general guidance considered by the registrar when making decisions regarding registrants' good character (NMC, 2015b). However, this may mean that the character decision making guidance does not necessarily identify all of the aspects to consider in relation to a student's good character and is at odds with the other health and social care professions who do provide information for students and HEIs on FtP requirements (GPhC, 2010; GDC, 2016; GMC, 2016; HCPC, 2016).

Interestingly, since the year 2000, three professional nursing and midwifery codes have been launched with the most recent edition launched in 2015 (NMC, 2015a). As the nursing and midwifery professional codes developed it was noted that there was an increased focus upon an individual practitioner's personal accountability for their actions and stronger language, in the form of the registrant '*must*' rather than '*should*' or '*may*' do something (Pyne, 1992). The more recent 2015 edition of the Code has taken a further shift in direction with increasing emphasis upon moral and ethical principles in comparison to the earlier editions and the title and content has changed to incorporate and emphasise the importance of behaviour. The changes to the 2015 edition appear to have been introduced to address the negative perceptions of nursing and midwifery behaviour in the good character discourse following the mid-Staffs inquiry (Mid-Staffs NHS FT 2010; 2013) alongside year-on-year increases in FtP cases being presented to the NMC (2018). Negative accounts of professional behaviour portrayed by the media appear to be affecting public perceptions of the profession and call the reputation of the profession into question (Gill, 2004; Hall, 2004; Puttick, 2016).

In relation to the changing moral discourse of the Code it is of interest that the term '*good*' is not mentioned at all in the previous 2008 edition, or any previous edition, and '*care/caring*' is only mentioned in the context of the delivery of nursing care rather than as an adjective describing a person's behaviour or attitude (NMC, 2008a). However, within the introductory pages of the 2015 edition there is an emphasis upon '*good*' nurses and midwives who '*care*', the like of which has not been seen before:

*"They are the standards shown every day by **good** nurses and midwives across the UK" (pg.2)*

*"The Code should be useful for everyone who **cares** about **good** nursing and midwifery" (pg.2)*

*"The Code contains a series of statements that taken together signify what **good** nursing and midwifery practice looks like" (pg.3)*

(NMC, 2015a (my emphasis in bold))

Stone (2002) recommends that if professional codes are to be successful in promoting particular standards of conduct and public protection, they need to be seen as part of the wider regulatory framework. The NMC have attempted to incorporate the wider regulatory framework within the Code, which includes an increased emphasis upon self-regulation and the regulation of others in comparison to previous professional codes. In particular, users of the Code are informed of the professional duty of candour to be open and honest when things go wrong (NMC, 2015a:12), to raise and, if necessary, escalate concerns about patient or public safety or the level of care people are receiving (standards 16 and 17) and to promote professionalism and trust, displaying "*a **personal commitment to the standards of practice and behaviour set out in the Code***" (pg.15, my emphasis in bold).

The increasing focus upon reporting self and others reflects the wider societal framework in which citizens are encouraged to report crime and to do the right thing themselves. The practice of using compliance within a professional code to determine whether or not misconduct has occurred also appears to be no different to other health and social care professional groups (Barlow and Coleman, 2003; Currer and Atherton, 2008; HCPC, 2014).

When analysed from a Foucauldian perspective, the use of the term '*good character*' is disconcerting, as it promotes the objectification of character as good or bad, which enforces perceptions of character as a fixed internal entity (Foucault, 1972). The current discourse of good character essentialises nurses as having an '*essence*', a set of intrinsic qualities or characteristics located within (Burr, 2015), such as good, caring and trustworthy. The Code describes how to '*be*' of good character whilst at the same time indicating that the individual is responsible for it. This is a modernist perspective, which

presents the individual as an essential being who is responsibilised to govern themselves, which appears to be the essence of the myth of good character.

Within a post-modern social constructionist perspective, there is no essence or essential nature; an individual's behaviour is a "*cultural performance*" (Gergen, 2015: 57) based upon societal, historical and cultural norms and is subject to change (Berger and Luckman, 1991; Hammersley, 1992; Burr, 2015; Gergen, 2015). Our character is whatever we '*choose*' it to be, recognising that this choice is only ever based upon what we know already. In this way a nurse is free to perform to the recognised norms within the Code, or not. A non-essentialist perspective focuses upon '*doing*' or '*performing*' good character as a good nurse rather than '*being*' of good character or '*being*' a good nurse (McNamee, 2013). The current discourse of the Code makes it difficult for students or practitioners to recognise the role of the nurse as a performance, which may affect the potential for increasing regulation to control behaviour.

2.3.2 LEVEL OF RISK

The discourse of good character in relation to the protection of the public and upholding the reputation of the profession, as identified in the Code, appears to be used within the nursing and midwifery FtP process as the basis for considering the level of risk within the assessment of good character. This is to some extent supported by the literature relating to all professions (Barlow and Coleman, 2003; Ginsburg, Regehr and Lingard, 2004; Curren and Atherton, 2008; Stevens *et al*, 2010; Haycock-Stuart *et al*, 2014). Barlow and Coleman (2003) identified qualifying words such as persistent, serious and severe when judging professional behaviours. Ginsburg, Regehr and Lingard (2004) suggest that the context of the situation must also be considered when making a judgement of good character so that the reasons and motivation for the behaviour are taken into account. This is supported by the current NMC guidance:

"Each application is considered on a case-by-case basis, taking into account all the relevant circumstances relating to the conduct and the applicant"

(NMC, 2015b:3)

Some studies have agreed that there is subjectivity within the FtP decision making process, but that this does not always compromise decision making if a collaborative decision-making process is adopted (Currer and Atherton, 2008; Brockbank, David and Patel, 2011; Haycock-Stuart *et al*, 2014) and if the information is used in a systematic way to "*build a picture*" (Johnstone and Kanitsaki, 2005:367) or "*synthesise unsuitability*" (Stevens *et al*, 2010:301) of the individual before reaching a decision. Stevens *et al* (2010:298) presents a model of decision making, which identifies "*dimensions of suitability*" to be considered within a "*final synthesis of the unsuitable person*": the act of misconduct itself, the harm caused and likely repeatability, and the personal qualities of the individual.

One of the key limitations of the findings from Stevens *et al*'s (2010) study is that it does not directly relate to good character per se, it relates to decisions regarding whether to place staff members on the Protection of Vulnerable Adults (POVA) list. However, there were some similarities in determining the suitability of individuals being considered in relation to the risk that they posed to the public and in determining the potential for repetition of behaviour. For these reasons this study was included in this literature review and, although it is recognised that caution needs to be exercised in considering the evidence in relation to FtP, it is to some extent supported by a study of Australian disciplinary panels when considering the FtP of qualified nurses in Australia (Johnstone and Kanitsaki, 2005).

Johnstone and Kanitsaki (2005) identified that a more important consideration than seriousness of the professional conduct was the attitude of the individual in relation to whether they had:

- reflected adequately and learnt from the experience;
- accepted responsibility;
- demonstrated remorse/regret;
- and whether there was evidence of self-awareness indicating that they understood that what they had done was wrong

No evidence for the requirement of reflection and remorse in the assessment of good character was found in the UK nursing research literature apart from Tee and Jowett (2009) identifying that student reflection was not encouraged. However, Johnstone and Kanitsaki (2005) identified that it was important to establish whether the nurse had accepted responsibility for their actions by demonstrating shame or remorse through reflection. The degree of remorse or shame exhibited by the nurse subsequently influenced whether or not they were perceived to have a moral awareness and insight into their conduct, which was then used to determine whether or not the nurse had adequately reflected on their conduct. The level of reflection, in turn, provided an indication of the nurse's understanding of professional responsibility and the possibility of any repetition of behaviour (Johnstone and Kanitsaki, 2005).

However, there are limitations to Johnstone and Kanitsaki's (2005) study in that a small, purposive sample was used, which may not be representative of the population but is fully justified as relevant for this qualitative study, as individuals with relevant knowledge and experience of disciplinary proceedings in Australia were required (Maxwell, 2013). The main limitation, however, is that the study was based upon the Australian equivalent of the UK FtP process, which does not recognise the term good character (Nursing and Midwifery Board of Australia, 2017). The Australian code of conduct for nurses and similarly for midwives presents a non-essentialist discourse making no reference to good or caring characteristics of the nurse/midwife and instead focusses upon conduct and behaviour (Nursing and Midwifery Board of Australia, 2018a; 2018b). These differences in the professional discourse relating to FtP mean that the findings of this study have some transferability to the UK context but that this needs to be considered cautiously.

The student's stage on the course has been identified as a factor when determining the level of risk during an assessment of good character (Haycock-Stuart *et al*, 2014). However, it has been acknowledged that sometimes the misconduct may be too serious in terms of public acceptability to consider the stage of development (Haycock-Stuart *et al*, 2014). A review of NMC guidance relating to good character reveals that there is a notable absence of any reference to the student in NMC FtP guidance (NMC, 2015a; 2015b; 2016a; 2016c); HEIs are referred to the registrant guidance when making FtP decisions about students. This could contribute towards a perception that students should be treated the same as registrants when considering good character, although this has not been highlighted in any previous studies. Interestingly, in relation to FtP, other professional groups have cited a distinction between the 'unready' student (counselling psychology) (Brear and Dorrian, 2010) and the 'unsuitable' student (social work) (Lafrance, Gray and Herbert, 2004). The issue of un-readiness does suggest that good character could be defined differently for students compared to registered professionals. The NMC previously provided student guidance on professional conduct (NMC, 2011) but this was withdrawn by the NMC in 2015 and HEIs were subsequently referred to the registrant code (NMC, 2015a) and registrant guidance on FtP (NMC, 2015b). A lack of clear guidance for students may result in students finding it difficult to identify how the registrant guidance applies specifically to them, for which there is evidence in the literature (Haycock-Stuart *et al*, 2016).

Haycock-Stuart *et al* (2016) identified that nursing students and their mentors lack a conceptual understanding of good character and as a result are unable to identify the level of risk in relation to behaviours that could result in the implementation of FtP processes. In their study the students' inability to identify the level of risk in relation to behaviours that could result in the implementation of FtP processes appeared to provoke significant fear and anxiety. Evidence that being subject to FtP processes provokes

anxiety in students is further supported by literature which suggests that students should be provided with pastoral support due to the psychological effects of being subject to a FtP process (Jomeen *et al*, 2008; Maclaren *et al*, 2016). FtP processes have also been identified by students and mentors as wholly punitive, rather than part of a developmental process (Haycock-Stuart *et al*, 2016). Fear, anxiety and punitive action allow disciplinary power relations to operate (Foucault, 1988; Armstrong, 2015). When power and oppression occur as part of the learning process, transformational learning is inhibited resulting in docility and conformity (Rolfe and Gardner, 2006; Merriam, Cafarella and Baumgartner, 2007).

The lack of conceptual understanding by students and mentors could be as a result of the NMC's failure to recognise the student in its FtP guidance, which could also affect the students' ability to self-report when things go wrong. A lack of clarity regarding student status could also leave HEIs at risk of inconsistent decision-making, of which there is already a body of evidence (Unsworth, 2011; Boak, Mitchell and Moore, 2012; Keogh, 2013b; Haycock-Stuart *et al*, 2014). Inconsistent decision-making puts the reputation of the profession at risk and questions the effectiveness of FtP processes.

A number of limitations of Haycock-Stuart *et al*'s (2016) study relate to the purposive sampling method employed and are identified by the authors. These limitations may have influenced students' decisions to take part in the study and may, therefore, have affected the findings. A further limitation acknowledged by the authors was the short timescale over which data was collected resulting in the continuous emergence of new themes and some themes only being discussed by particular groups of participants. This prevented further in-depth discussion of some of the themes by both groups of participants. However, this is the only piece of research seeking the specific views of students and mentors on the subject of FtP and, therefore, does add significant value to the body of literature at present.

The current professional body guidance advises HEIs to use the health and character guidance for registrants when determining the good character of pre-registration students (NMC, 2015b). The health and character guidance identifies factors to consider when making a judgement regarding good character including reflection and insight in relation to the conduct and obligations under the Code, and evidence of honesty and integrity. A Foucauldian analysis would suggest that these factors underpin discursive practices within the Code that promote the operation of technologies of the self to guide and control the behaviour of registrants and students. If registrants and students demonstrate reflection, insight, honesty and integrity they will be deemed to be of good character.

2.3.3 DISCURSIVE PRACTICES

All of the NMC documentation considered in this literature review references abidance by the Code as the key responsibility of the registrant for maintaining their FtP. Students are also advised to use the Code as a basis for their practice (NMC, 2016c). It is suggested here that the '*rules*' of the Code have introduced discursive practices aimed at controlling behaviour in accordance with the norms of good, caring, accountable and autonomous professionals. These discursive practices include:

- the professional duty of candour to be open and honest when things go wrong (NMC, 2015a: 12)
- to escalate and raise concerns regarding self and/or others
- to annually self-declare good health and good character (either to the NMC as registrants or to the HEI as students)
- and to reflect upon practice and feedback to improve future practice and performance

The FtP literature is discussed below in relation to the evidence supporting the operation of the above discursive practices in the FtP process.

2.3.3i DUTY OF CANDOUR

The increasing focus upon honesty and integrity by reporting the self and others through a duty of candour, as indicated in the Code, reflects the wider societal framework in which citizens are encouraged to report crime and to do the right thing themselves. One study within the social work literature supports that openness and honesty are key determinants of the suitability of social work students (Currer and Atherton, 2008). A further study within medicine identifies any intention to protect the individual's own interests rather than the patient's, which is linked to honesty and integrity (Ginsburg, Regehr and Mylopoulos, 2009). Honesty is mentioned in some of the nursing specific studies but this is limited to a few references to difficulty in determining honesty or is set in the context of dishonest behaviours (Jomeen *et al*, 2008; Tee and Jowett, 2009; Haycock-Stuart *et al*, 2014; Maclaren *et al*, 2016).

An expression of duty of candour through self-reporting and/or the reporting of others is governmentality at play through surveillance and gaze, and through self-governing practice. The metaphor of the Panopticon, described in chapter one, is to some extent challenged in the modern day healthcare environment because rather than top-down surveillance by a few, registrants and students are under constant surveillance by managers, peers, colleagues and service users/carers and themselves from top-down, lateral and bottom-up approaches. Several authors identify this as a synoptic, rather than panoptic, model of surveillance whereby many individuals assist in constructing the desired professional norms and behaviours of the few (Eckersley, Ferry and Zakaria, 2014). Despite growing evidence of surveillance practices within the professions there seems to have been little resistance to their introduction by practitioners (Darbyshire and

Fleming, 2008; Brivot and Grendon, 2011). Darbyshire and Fleming (2008) propose that the invisibility of these practices potentially makes them more effective as they become institutionalised as taken-for-granted assumptions or reasoned as necessary for the profession.

It is suggested that synoptic surveillance may influence behaviour more positively than the traditional top-down panoptic model (Martin *et al* 2013) as it moves away from disciplinary power to one of self-government whereby professionals are empowered and responsibilised through technologies of the self to control themselves and others (Ferlie, McGivern and FitzGerald, 2012; Martin and Learmonth, 2012; Martin *et al*, 2013). The power of governmentality is achieved through these powerful discourses which act upon individuals' subjectivities through the discourse of freedom to make their own decisions; they themselves guide their own actions (Burchell, Gordon and Miller, 1991). It is not an external controlling power of surveillance and gaze that is internalised but an internalisation of the discourse of freedom guiding the individual to exercise power upon themselves when making decisions (Foucault, 1982). Through the exercise of 'freedom' they make choices that are influenced by the powerful prevailing discourses. Foucault (1982) suggests that the power of governmentality can make things easier or more difficult for the individual depending upon the choices made.

Based upon Foucault's (1997) premise of a game, the rules of the game are clearly outlined in the Code and if practitioners step outside of those rules their choices may compromise their registration. Their choices are influenced by their conscience, which is tied to their identity; if they want to achieve their desired identity of the good and caring nurse or midwife they will adhere to the rules of the game. Their choices, therefore, are limited by what they know already, which raises some questions regarding how much autonomy practitioners really have (Foucault, 1982; Holmes and Gastaldo, 2002).

It is important to note that the choices for registrants are also potentially influenced by disciplinary power as a result of surveillance and gaze from employers and for students as a result of surveillance and gaze from assessment processes. Top-down surveillance and gaze makes the threat of consequence constantly evident and for both registrants and students the stakes are high if they are seen to be doing something wrong. Individuals may conform and merely become rule-followers within a particular setting rather than being self-critical and reflexive, as required by the Code. In this way the discursive practices of surveillance and gaze and the threat of penalty could have the opposite intention to those of the professional body, which is to produce a perceived autonomous, accountable practitioner. The mid-Staffordshire (Mid-Staffs NHS FT, 2010 and 2013) and the more recent Morecambe Bay (Kirkup, 2015) enquiries provide examples of nurses and midwives failing to uphold the values of the profession to maintain the safety of the public.

In the case of Mid-Staffs it is suggested that the nurses' failure to uphold the values of the profession was because the discursive practices at play, as a result of the surveillance and gaze of managers, controlled their behaviour in accordance with the management norms rather than the professional norms (Mid-Staffs NHS FT, 2010 and 2013). The failure of managers to act upon concerns raised by staff seems to have resulted in normalisation of the situation and docile bodies, in which individuals conformed and became rule-followers rather than being self-critical and reflexive. In the case of Morecambe Bay, a '*boys club*' mentality was noted, which also seems to have resulted in normalisation with the same effect (Kirkup, 2015).

2.3.3ii ESCALATE AND RAISE CONCERNS

The Code clearly identifies the responsibilities of the registrant for escalating and raising concerns, and HEIs are required to demonstrate to the NMC at approval and monitoring

events that students are adequately prepared for this role (NMC, 2016b). Escalating and raising concerns is identified as a discursive practice associated with encouraging registrants and students to undertake surveillance and gaze of self and others.

None of the studies in this literature review made reference to escalating and raising concerns in relation to the good character requirement although it is possible that an individual's good character could be questioned if they failed to escalate or raise a valid concern, as occurred in the case of Mid-Staffs NHS FT (2010 and 2013). Factors such as honesty and integrity and any intention to protect the individual's own interests rather than the patient's, as identified above in relation to a duty of candour, are likely to be key considerations. It is clear that the expectation for registrants and students to escalate and raise concerns is a discursive practice aimed at controlling behaviour but the links to FtP are less clear and further research would be needed to confirm this.

2.3.3iii ANNUAL DECLARATION

The NMC currently state on their website that upon registration with the NMC, and at revalidation (the process for re-registration with the NMC every three years), practitioners are asked to self-declare that their character is '*sufficiently good*' to enable them to practise safely and effectively (NMC, 2016a; 2016b; 2017a). The requirement for an annual self-declaration is evidence of a discursive practice aimed at controlling the behaviour of registrants and students through self-government. However, revalidation evidences a discursive practice operating surveillance and gaze of the self and each other, as other registrants have to confirm that a registrant has met the revalidation requirements, and by the professional body, which has developed systems to monitor that revalidation requirements are met.

A comprehensive review of the material published on professional behaviour by UK healthcare regulators identified that some statements used by professional bodies were

open to individual interpretation (Jomeen *et al*, 2008). The term '*sufficiently good*' could mean different things to different people and Sellman (2007) further questions the value of self-reporting good character, as this assumes that the individual is honest and trustworthy enough to make an accurate declaration; by the very nature, someone who is not '*sufficiently good*' in this context may be unlikely to admit this and may have no hesitation in making a false declaration.

Over the past ten years there has been some evidence of resistance to either conforming to the expected norms of nursing and midwifery attitude and behaviour, as depicted in the prevailing professional code, or lack of internalising the professional discourse into everyday practice (Mid-Staffs NHS FT, 2010 and 2013; Keogh, 2013a; Kirkup, 2015). This is further supported by the increasing number of FtP cases being heard by the NMC (NMC, 2018).

No research could be identified in relation to the effectiveness of self-declarations of good character or the effectiveness of revalidation procedures so no conclusions can be drawn and further research is required.

2.3.3iv REFLECTION

The exercise of reflection enables self-examination and is now a fully accepted requirement of professional practice for nurses and midwives (NMC, 2017a). The activity of reflection is identified here as a discursive practice introduced to control the behaviour of nursing and midwifery registrants and students, which can be used positively as a means of improving self-awareness, self-governance and facilitating perceived autonomous practice (Rolfe and Gardner, 2006; Fejes, 2008). Establishing self-awareness through reflection has been identified as an important characteristic in determining professional suitability in social work (LaFrance, Gray and Herbert, 2004) and is a key component of the NMC character and health decision-making guidance (NMC, 2015b).

As identified earlier, Johnstone and Kanitsaki (2005) identified that it was important to establish whether the nurse had accepted responsibility for their actions by demonstrating shame or remorse through reflection. Stevens *et al* (2010) also identified remorse as a common factor used to evidence mitigation in the assessment of suitability for the POVA register. In Stevens *et al*'s (2010) study remorse was often associated with an admission of guilt and was used to determine the likelihood of future repetition. Remorse evidencing guilt was associated with "*genuine*" remorse, which was linked to the individual being able to evidence an understanding of what they had done wrong rather than blame others (Stevens *et al*, 2010). This is somewhat different to Johnstone and Kanitsaki's (2005) study which identified remorse conflated with shame as a key factor.

Tangney, Stuewig and Hafez (2011) make an important distinction between remorse that is based upon guilt or shame in terms of whether the individual focuses upon the self or behaviour: guilt leads people to consider their behaviour and its effects whereas shame leads them to focus upon defending the self. The literature suggests that conflation of remorse and shame often occurs in criminal law sentencing and that this is more likely to result in repetition of criminal behaviour (Tangney, Stuewig and Hafez, 2011; Corrado and Peters, 2013; Bandes, 2016). There is also evidence within the legal and psychology literature that remorse is difficult to accurately assess and, in criminal law sentencing, is dependent upon the judge's perspective and influencing factors such as the mental health of the individual (Zhong *et al*, 2014).

Several authors suggest that current nursing and midwifery reflective practices may operate at an ontological level promoting an analysis of the self through subjectivation and repressive self-surveillance (Rolfe and Gardner, 2006; Fejes, 2008). This is particularly evident where remorse is based upon confessional practice and where reflection is used by management to influence behaviour through disciplinary power (Rolfe and Gardner, 2006; Fejes, 2008). Subjectivation and repressive self-surveillance

may promote normalisation of behaviour merely to avoid a penalty without any lasting behaviour change (Foucault, 1991; Fejes, 2008) resulting in docility and conformity (Rolfe and Gardner, 2006; Merriam, Cafarella and Baumgartner, 2007). One of the difficulties of using reflection that conflates remorse with shame, therefore, is that it may not be an effective means of determining self-governance and may not, therefore, be a good predictor of the likelihood of repetition of behaviour.

Tangney, Stuewig and Hafez (2011) propose that rather than focussing upon shame, as in Johnstone and Kanitsaki's (2005) study, individuals should focus reflexively upon the consequences of their behaviour in terms of how it has affected others, as this is more likely to influence future behaviour. This would support Rolfe and Gardner's (2006) suggestion that a more effective means of guiding behaviour and improving practice has been identified through epistemological reflection, which focusses upon practice and underpinning knowledge (Rolfe and Gardner, 2006). In this way epistemological reflection is seen as a less repressive and more effective form of guiding future behaviour, as it promotes technologies of the self (Foucault, 1988).

It is evident that incorporating an assessment of remorse within the assessment of good character without understanding the effect of conflation with shame could result in inconsistent and unfair decision-making. It is also evident that there is insufficient research regarding the use of reflection in the assessment of good character, which makes it difficult to determine its effectiveness for influencing future behaviour.

2.4 SUMMARY AND IDENTIFICATION OF RESEARCH QUESTION

The literature review has revealed a paucity of research studies specifically relating to the good character requirement for nurses and midwives, both registrants and students, which to some extent confirms that there has been little challenge to the prevailing good character discourse by the professions. Good character, in relation to the FtP of the

nursing and midwifery professions, has been presented as socially constructed from the discourse as a result of increasing regulation of the professions. The Code appears to be a key component of the discourse, as all of the professional body literature leads back to it. There is some evidence that the conceptual understanding of good character is influenced by the prevailing discourse and the Foucauldian analysis has identified that discursive practices have arisen from the discourse to influence the behaviour of nurses and midwives, including those involved in the assessment of good character in the FtP process.

Based upon this review of the literature, the identified lack of research in relation to the assessment of good character and my own reasons for undertaking this research, identified in chapter one, further exploration of the assessment of good character within the FtP process is identified as an area where further research is needed. This is particularly important if inconsistencies in FtP decision-making and preventative measures are to be put in place to prevent ongoing rises in the number of registrants being brought before the NMC.

The following research question is identified:

Within the context of the fitness to practise of nursing and midwifery pre-registration students, and from the perspective of the individuals making decisions about students' good character, what do iterative responses to identified dilemmas reveal about the assessment of good character when this is questioned during the course?

The following chapter outlines and justifies the methodological approach taken in this study to address the above research question.

CHAPTER THREE – METHODOLOGY

3.1 INTRODUCTION

This chapter aims to provide the reader with a full explanation and justification of the methodological considerations of this study. Initially I present the theoretical approach taken, building upon the discussion within the introductory chapter (chapter one), including an account of the ontological and epistemological assumptions in this study.

The previous chapter presented a review of the literature and how this contributes to the discourse of good character as it relates to the nursing and midwifery professions. From this literature review the following research question was formulated:

Within the context of the fitness to practise of nursing and midwifery pre-registration students, and from the perspective of the individuals making decisions about students' good character, what do iterative responses to identified dilemmas reveal about the assessment of good character when this is questioned during the course?

This question, the social constructionist stance adopted and my own experiences of assessing good character influenced my choice of research approaches including design, data collection tools and approaches to analysis and interpretation. Details of the study population, participants and how they were selected along with a discussion of the strengths, limitations and ethical considerations of using this research approach are addressed in this chapter.

3.2 THEORETICAL APPROACH AND ASSUMPTIONS

This section explains the research paradigm of the study, which reflects the conceptual lens that I have used to determine the research methodology and to analyse and discuss the data. The good character concept, as it applies to the nursing and midwifery

professions, is described in chapter two as a social construct largely constructed by the professional body with the aim of protecting the public and maintaining trust and confidence in the professions. This research focusses upon the perspectives of decision-makers when assessing the good character of pre-registration nursing and midwifery students. The focus upon perspectives means that a positivist research paradigm, based upon hypothesis testing, was not appropriate. Instead, a social constructionist perspective utilising a qualitative methodological approach to data collection and analysis was deemed most appropriate and will be discussed further in this section as I justify the choices made in designing this study.

Social constructionism arose as a post-modern perspective in the latter half of the 20th Century, bearing numerous similarities to symbolic interactionism and being influenced by the work of Mead, Marx, Schutz and Durkheim (Berger and Luckmann, 1991). It offered an alternative to the previous modernist perspective in which rational thinking, logic and science provide an objective view of the world with essentialism as the key component (Berger and Luckmann, 1991; Burr, 2015; Gergen, 2015). Post-modernism challenged modernist assumptions through the recognition that there could also be a non-scientific approach to understanding the world. Post-modernism claims that there is no objectivity, universal truth or rational thinking and language is identified as the means of constructing shared meaning and understanding through ongoing dialogue within the prevailing culture or society (Berger and Luckmann, 1991; Schwandt, 2000; Galbin, 2014; Burr, 2015; Gergen, 2015). For example, Gergen (2015), a key author on social constructionism, proposes that scientists are not defining reality but are describing something within their scientist social group, which tends to be organised around theories that have previously been constructed.

Social constructionism is not concerned with ontological claims regarding the nature of existence or reality, as reality is only recognised in terms of what we know and

understand about the world and ourselves (Berger and Luckmann, 1991). In this sense there are no 'real' external realities merely socially constructed systems of knowledge that we understand as (or believe to be) 'facts' (Berger and Luckmann, 1991). These systems of knowledge have been internalised and embedded into the fabric of society, and are largely based upon normative rules that are socially, historically and culturally situated (Berger and Luckmann, 1991; Cojocar, Bragaru and Ciuchi, 2012; Galbin, 2014). This does not mean that there is no objective reality merely that any reality can only be interpreted and understood within the confines of what we know already.

Some social constructionist theorists adopt an extreme relativist perspective, which does not recognise an objective reality and has been one of the main criticisms of this approach (Gergen, 2001; Andrews, 2012). However, Gergen (2015) argues that there is a perceived reality and that we generally speak in realist terms because this is the discourse within which we live. Perceived reality within social constructionism is explained by Boghossian (2001: 1) as follows:

"This thing could not have existed had we not built it; and we need not have built it at all, at least not in the present form. Had we been a different kind of society, had we had different needs, values or interests, we might well have built a different kind of thing, or built this one differently".

Several authors warn against the dangers of accepting perceived realities as unquestionable and universal (Burr, 1995; Gergen, 2015). The challenge within social constructionism, therefore, is to reconsider what we believe to be our current reality.

Galbin (2014) identifies four principles of social constructionism:

1. realities are socially constructed;
2. language is the means by which realities are constructed;
3. knowledge is maintained by social processes;
4. and reflexivity is required.

Social constructionism is therefore more concerned with epistemological claims relating to the construction of knowledge and understanding in which social interaction is the focus of investigation rather than the individual person (Berger and Luckmann, 1991; Burr, 2015; Gergen, 2015; Walker, 2015). The epistemological basis of social constructionism means that it cannot be studied within a positivist and quantitative research paradigm but should be qualitative and incorporate researcher reflexivity.

Within a social constructionist perspective good character does not exist as an entity outside of language and knowledge but is influenced by prevailing social, cultural and historical factors. Galbin (2014: 82) states:

"we never know what universal true or false is, what is good or bad, right or wrong; we know only stories about true, false, good, bad, right or wrong".

Research based upon a social constructionist perspective allows the opportunity to challenge these '*stories*' or common-sense understandings of good character, which tend to focus upon personality or attitude, as discussed in chapter two. Rather than continuing to increase regulation of the nursing and midwifery professions, the social constructionist perspective allows the consideration of alternative forms of action that may have a different, and potentially a more positive, impact upon the behaviour of nursing and midwifery students and future registrants (Cheek and Porter, 1997; Holmes and Gastaldo, 2002; Andrews, 2012; Gergen, 2015).

A social constructionist approach to research focusses upon "*what people do and what their 'doing' makes*", which enables us to understand how identities are created through interactions with each other (McNamee, 2013: 387). Social constructionism is identified as having many similarities with constructivism and the two words are sometimes used interchangeably within texts. However, there is a distinct difference between the two: constructivism focusses upon how the individual's mind presents a mirror image of reality;

whereas social constructionism focuses upon the construction of reality through social interaction in the form of language, communication and speech (Galbin, 2014).

The design of this study aimed to create a space for social interaction to occur between the participants where they were able to create meaning and understanding associated with their assessment of good character. An iterative process and the opportunity to see other participant feedback was sought to enable the participants to explore differences in their perspectives and open up the possibility for new understanding.

3.3 RESEARCH DESIGN

The main aim of this research was to examine what iterative responses to identified dilemmas revealed about the assessment of good character in nursing and midwifery pre-registration students. This section details the decisions that I made in choosing the research design.

My experiences, confirmed whilst undertaking the review of the literature in chapter two, indicated that the process of determining good character was complex, often difficult and perhaps not quite what it seemed. The epistemological basis of this study required a qualitative approach. Alongside this I wanted to create a space in which iterative social interaction could occur between the participants in order that the research question could be answered. I also wanted to recruit participants from a wide geographical area, as I felt that localised sampling may not recognise other stories of the assessment of good character.

As a result of my own experiences, I wanted to focus upon the assessment of good character, rather than looking at FtP processes specifically, as this had already been covered to some extent within the literature and it was the decision-making process that particularly interested me. I wanted to identify what influenced the participants, as

decision-makers, when assessing good character in the context of FtP, as I felt that this would be helpful in influencing my own future practice. It also enabled me to meet the requirements of a professional doctorate in terms of its professional focus and application to practice.

In the initial design of this study, the observation of actual FtP meetings was considered through case study method. However, numerous ethical issues were identified in relation to this and I felt that a researcher presence in these situations may influence participant responses resulting in the "*Hawthorne effect*" whereby the behaviour of participants may alter because they are being observed (Evans *et al*, 2015). I wanted to mimic FtP decision-making to some extent, although not in exactly the same format and not in real-time as I also wanted to avoid the potential for power relationships to occur in a face-to-face situation. Further discussion relation to power relationships in face-to-face situations is later in this chapter in relation to the data collection tool adopted. I also wanted to explore the assessment of good character across a wider geographical area, which would not have been possible using a case study approach.

Taking into account these considerations and after exploring the range of research methods available, the iterative process of the Delphi was identified as a method for data collection. The Delphi method enabled me to challenge the participants' assumptions, values and beliefs through a socially interactive process that did not involve face-to-face interaction and could accommodate a social constructionist perspective. The iterative rounds of the Delphi allowed time for the participants to reflect upon their responses, which I felt was important in terms of developing their understanding of the assessment of good character.

For the purposes of this study, a modified Delphi was designed and utilised as the research method. As a modified version was utilised, the term Delphi approach is used to describe the method throughout this thesis.

3.3.1 THE DELPHI APPROACH

The origins of the Delphi approach are generally recognised as originating from the RAND Corporation in the early 1950s, as a forecasting tool for defence research (Keeney, Hasson and McKenna, 2011). Use of the Delphi approach over time has resulted in the identification of several types of Delphi with differing methods of administration and differing outcomes including: conventional or classical, real-time, decision-making and policy (Linstone and Turoff, 1975; de Villiers, de Villiers and Kent, 2005).

The main reasons identified within the literature for using the Delphi approach have remained unchanged despite its wide and varied use: seeking informed judgement or consensus where there is little agreement or inadequate knowledge on a subject but there is substantial experiential knowledge; where areas for investigation are very specialised; or where future forecasting is required (Mead and Moseley, 2001; Hardy *et al*, 2004; Keeney, Hasson and McKenna, 2011; Fletcher and Marchildon, 2014). Other authors suggest that the key reason for choosing the Delphi approach, rather than other research approaches, is the need for a structured group communication process to deal with a complex problem (Linstone and Turoff, 1975; Hasson, Keeney and McKenna, 2000).

The Delphi approach is usually conducted over several rounds and often undertaken through the use of questionnaires to seek opinion or judgement on a specific issue or problem (Hasson, Keeney and McKenna, 2000). The proliferation of modified Delphi approaches has resulted in many variants on the classical Delphi, including various methods of data collection and wholly quantitative, qualitative or mixed methodological

approaches. However, some common characteristics have been identified, which were all adopted within this study, including:

- participant feedback on the issue being explored
 - a level of anonymity of individual responses
 - and an iterative process of questioning participants
- (de Meyrick, 2003)

When taking into account the general advantages and disadvantages of using the Delphi approach (Box 2), Keeney, Hasson and McKenna (2001) indicate that its use must be determined by the potential outcomes of the proposed study and the advantages of the Delphi approach over other methods for this purpose.

Box 2: General Disadvantages of the Delphi approach

These are general disadvantages, the majority of which would also apply to other research methods:

- Participant anonymity could encourage a lack of accountability from participants for their responses (Fischer, 1978; Goodman, 1987; Sackman, 1975). When undertaking qualitative research recognising all participant stories as true is important and still adds to the inquiry (Holloway and Freshwater, 2007);
- The lack of face-to-face interaction reduces the depth of discussion of the issues (Hasson, Keeney and McKenna, 2000), although Okoli and Pawlowski (2004) suggest that the Delphi approach enables the collation of richer data in comparison to other methods;
- There is a potential for bias due to the recruitment of experts who may have a vested interest in the outcome of the research and may attempt to manipulate the results (Hasson, Keeney and McKenna, 2000; Keeney, Hasson and McKenna, 2001) although it could be argued this could be the same for any research method utilising purposive sampling (Holloway and Wheeler, 2010);
- A consensus Delphi may encourage conformity and may result in outlying opinions being ignored, which may have revealed new information (Fletcher and Marchildon, 2014) although to some extent a level of agreement is needed to enable us to operate, particularly when making decisions;
- Participant attrition is a major concern and may affect the quality of the study findings (McKenna, 1994; Williams and Webb, 1994; Hsu and Sandford, 2007a). Varying levels of participant attrition are noted in Delphi studies over the past fifteen years (Keeney, Hasson and McKenna, 2011) with one study particularly noted as only consisting of one round because participants were unwilling to undertake subsequent rounds (Mayaka and King, 2002);
- There are no clear guidelines for conducting a Delphi study, in particular in relation to a lack of a clear definition of consensus, selection of experts (Williams and Webb, 1994; Baker, Lovell and Harris, 2006) and an acceptable sample size (Keeney, Hasson and McKenna, 2006);
- Researchers may place too much importance upon the results in terms of their generalisability to the wider population (Sackman, 1975; Keeney, Hasson and McKenna, 2011), which could also be a concern of other qualitative research

methods (Holloway and Wheeler, 2010). In this study, generalisability is not being sought.
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The principal reasons for adopting the Delphi approach for this study were:

1. It is recognised as suitable for subject areas where little literary evidence exists but substantial experiential knowledge is available (Fletcher and Marchildon, 2014), which is the case for FtP decisions relating to the good character of pre-registration nursing and midwifery students.
2. Participant anonymity was identified as important to reduce the negative effects of face-to-face interaction, due to the subjective nature of the subject area, in particular the consideration of moral and ethical issues when considering the vignettes in round one (Rowe, Wright and Bolger, 1991).
3. The purpose of this research was to explore, from the perspective of the individuals making decisions about students' good character, what iterative responses to identified dilemmas revealed about the assessment of good character when this is questioned during the pre-registration nursing and midwifery courses. Achieving consensus was not the primary objective of this study and was not consistent with the epistemological basis of this study, which recognises all perspectives as important. A qualitative study was identified as a requirement based upon the social constructionist theoretical approach to this study, which offered participants more opportunity to give their perspective through the use of open-ended questions/prompts. Alternative or outlying opinions were also identified as important because of the potential to provide information relating to the assessment of good character (de Villers, de Villiers and Kent, 2005) and in recognising that all of the participant stories were equally as important.

4. One of the key benefits of the Delphi approach, as opposed to other research methods, is the iterative process of rounds enabling a conversation to take place through the presentation of other participant feedback. This allows participants to identify aspects that they may not have considered, or may have considered unimportant, and allows the opportunity to modify their own feedback after considering the group opinion (Hasson, Keeney and McKenna, 2000). From a social constructionist perspective, this social interaction enables the creation of new realities (Foucault, 1972).
5. The Delphi approach undertaken offered the opportunity to sample participants from a wide geographical area within the UK and did not impose limits on the sample size, which would have been affected due to time and resource constraints if interviews or focus groups had been used (Meskell *et al*, 2014).
6. The iterative rounds within the Delphi approach enable the researcher to seek clarification or a rationale for a particular response from participants, which enables greater depth of information to be obtained than would be possible through standard surveys (Beech, 1999; Okoli and Pawlowski, 2004).

Individual Delphi studies have used two to five iterative rounds (Mullen 2003) but it is generally identified that three rounds are sufficient (Turoff, 1975; Mullen, 2003; Green, 2014). It is important to consider that maintaining participation after three rounds has been identified as contributing to participant fatigue and non-response (Mullen, 2003; Keeney, Hasson and McKenna, 2006). However, Mullen (2003) identifies that fewer than three rounds may not allow sufficient time for participants to *change* earlier responses and suggests that this raises questions about the appropriateness of the iterative Delphi approach in those studies (Mullen, 2003).

The intention within this study was not to force the participants to choose a specific option, as in a consensus Delphi, but to provide them with an opportunity to present their perspective, which may have been influenced by the iterative process. It is suggested that the innovative use of wholly qualitative iterative rounds enabled the participants to reflect upon their responses in relation to other participant feedback. This provided an opportunity to create the social interaction in which knowledge and understanding is formed within a social constructionist perspective. I made a pragmatic decision and chose to conduct a maximum of three rounds, as I felt that this would be sufficient to enable this reflective process to take place whilst not contributing to participant fatigue and/or non-response.

3.3.2 MODIFICATIONS FOR THIS STUDY

The Delphi approach used within this study incorporates modifications that do not fit within any one of the specific Delphi methods identified in the literature: conventional or classical, real-time, decision-making and policy (Linstone and Turoff, 1975; de Villiers, de Villiers and Kent, 2005). The approach used in this study appears to straddle the classical and policy Delphi approaches, as discussed below, with the following modifications included: unstructured first round, all rounds qualitative and non-consensus seeking.

The policy Delphi was more akin to this study in that it is identified as a research tool for exploring complex issues through the generation of new ideas and the evaluation of those ideas for use in decision making (Turoff 1975; Franklin and Hart, 2007; Meskell *et al*, 2014). However, the policy Delphi usually incorporates a structured first round based upon a comprehensive literature review (Meskell *et al*, 2014). As noted in chapter two, there is relatively little actual research about FtP decisions regarding the good character of nursing and midwifery students within the literature. This may have resulted in factors not previously identified being excluded from the discussion in this study. I wanted to

hear each individual participant's voice and their preferred stories of good character, in keeping with a social constructionist perspective. These factors made a structured first round inappropriate.

The classical Delphi does incorporate a qualitative first round but this is generally followed by quantitative subsequent rounds with the aim of achieving consensus (Rowe, Wright and Bolger, 1991), which was not the intention of this study. Based upon the research questions and no desire to purposefully seek consensus I wanted to undertake all rounds using qualitative participant feedback to enable an asynchronous conversation. However, no Delphi studies were identified where a wholly qualitative approach to data collection had been used and there is little guidance available for researchers wanting to adopt this approach, particularly in relation to the processing and analysis of data (Fletcher and Marchildon, 2014; Brady, 2015).

Based upon the above considerations, I chose a participant-focussed unstructured first round utilising vignettes based upon real FtP cases, which enabled the participants to identify all of the key issues that were of concern to them directly and to steer the direction of the study. Identifying key issues of concern to participants is identified as important in Delphi studies for maintaining motivation and reducing attrition (Keeney, Hasson and McKenna, 2006; Meskell *et al*, 2014). The second and third rounds were also qualitative and the modified Delphi design adopted enabled an asynchronous conversation. This allowed me to hear the voices of the participants as FtP decision-makers, gaining access to their accounts of the assessment of good character, and to interact with them through this process. The innovative, wholly qualitative Delphi approach used in this study has not been reported elsewhere in the literature.

The literature provides evidence of the lack of a consistent methodological approach to using Delphi with wide and varied modified versions reported (Landetta, 2006; Keeney,

Hasson and McKenna, 2011; Fletcher and Marchildon, 2014). This has led to criticism regarding the rigour of the process and the reliability and validity of the research findings (Sackman, 1975; Goodman, 1987; Williams and Webb, 1994; Hasson and Keeney, 2011; Keeney, Hasson and McKenna, 2011). However, other authors have argued that it is precisely the versatility of the Delphi that makes it more attractive as a research approach and its varied use should be encouraged (Mullen, 2003; Okoli and Pawlowski, 2004; Amos and Pearse, 2008).

Much of the early criticism of Delphi appears to originate from its use as a positivist scientific approach to research (Fischer, 1978; Rowe, Wright and Bolger, 1991), even though it is recognised as not adhering to a positivist scientific framework (Sackman, 1975; Keeney, Hasson and McKenna, 2011). The positivist perspective of the Delphi presented within the literature sometimes made it difficult for me to reconcile the accepted terminology of Delphi within the social constructionist perspective of this study. Positivist criticism of Delphi is considered inappropriate by some authors because it fails to acknowledge the interpretive basis of the Delphi as a research approach (Mullen, 2003; Powell, 2003; Keeney, Hasson and McKenna, 2011).

The need to modify the Delphi approach to suit my research aim initially presented me personally with some difficulties: I had assumed that any modification resulting in a new approach to the use of the Delphi, as described in the literature, would lessen the rigour of the study. However, through the reflexivity process I later recognised that these difficulties that I experienced regarding the use of Delphi were largely because I was highly influenced by positivist principles related to what is perceived as '*good*' research. As a nurse in an acute hospital environment, I have been heavily influenced by a positivist scientific discourse for many years. Following what I would now perceive as seeking '*permission*' from my supervisor and in keeping with qualitative research design, I adapted the Delphi approach to suit my research aim. Once I had been set free from

these rules I felt able to use the phenomenon under investigation to direct the method of data collection. However, trustworthiness of the research process still has to be maintained and is discussed in more detail in the next section.

3.4 MAINTAINING TRUSTWORTHINESS

All research must demonstrate that it is credible and reliable. Delphi appears to straddle two epistemological approaches (positivist or interpretive), the choice of which needs to reflect the nature of the study. It is thought that some of the criticism of Delphi has arisen because of confusion over the predominant use of Delphi as a mixed methodological approach incorporating the collection and analysis of both qualitative and quantitative data, which is identified as both a strength and a weakness (Mullen, 2003; Powell, 2003; Keeney, Hasson and McKenna, 2011). Hasson and Keeney (2011) propose that a dual approach to methodological rigour should be adopted when using the Delphi by ensuring the reliability and validity of the quantitative data alongside trustworthiness of the qualitative data. Other authors suggest that trustworthiness of the Delphi approach, in whatever form, can be maintained through evidence of a clear justification for the methodological approaches used (Powell, 2003; Day and Bobeva, 2005; Fletcher and Marchildon, 2014).

This study was a qualitative, interpretive Delphi study and so validity and reliability were not explored. Instead criteria for qualitative studies in terms of trustworthiness were used (Keeney, Hasson and McKenna, 2001; Day and Bobeva, 2005; Guba and Lincoln, 2005; Polit and Beck, 2017). Trustworthiness is achieved by establishing credibility, transferability, dependability and confirmability (Guba and Lincoln, 2005; Polit and Beck, 2017).

Trustworthiness in qualitative research, as with the Delphi approach generally, can be maintained through evidence of a clear justification for the methodological approaches

used (Powell, 2003; Day and Bobeva, 2005; Holloway and Wheeler, 2010; Fletcher and Marchildon, 2014). Trustworthiness has been achieved in this study through the provision of a detailed audit trail of the study presented in this thesis. Dependability and confirmability are maintained through the provision of accurate accounts of the participant feedback (Holloway and Wheeler, 2010). This was achieved by the inclusion of verbatim comments in the round two and three questionnaires and in the findings presented in chapter four, alongside accounts of my reflexivity throughout this chapter.

As identified above, the qualitative nature of the Delphi approach used in this study did not seek to establish validity, reliability or generalisability of the findings. However, the findings could be deemed transferrable to similar situations or participants (Merriam, 2009) providing an understanding to the assessment of the good character of pre-registration nursing and midwifery students in the UK, by the decision-makers within the FtP process. The findings are not transferable to other situations, such as other professional groups and transferability may be limited outside of the UK due the historical, social and cultural understanding of the term good character. However, they could be transferable to similar settings and could be used to inform future research of similar constructs in these areas. Silverman (2013) suggests that those who wish to use the findings of a qualitative study should look at the procedures, methods and the analytical approaches before deciding whether the findings could be applied to their situation.

Credibility has been achieved through the iterative process of the Delphi, which allows participants to change their feedback if they disagree with the information presented. This is a way of recognising and correcting the researcher's interpretation of the data (Holloway and Wheeler, 2010).

Subjectivity of the researcher is often perceived as bias within research and researchers are advised to listen to the participants' voices several times before presenting their

findings to avoid this problem (Holloway and Biley, 2011; McKay, Ryan and Sumsion, 2008). However, Finlay (1998) suggests that, rather than rejecting subjectivity as bias, researchers should embrace it through reflexivity. In this way the subjectivity is identified and incorporated into the research findings, presenting findings from the researcher's perspective.

3.4.1 REFLEXIVITY

Utilising reflexivity whilst undertaking this study has enabled me to identify how my earlier career and educational influences have heavily influenced the initial planning and implementation of this study. These earlier influences promoted a largely positivistic perspective of research in which scientific, randomised controlled trials were identified as the gold standard and I recognise that this continues to influence my practice, either consciously or unconsciously. It has been identified earlier in this chapter that the body of literature relating to the Delphi approach is also presented from a strong positivist perspective, which I believe compounded my earlier research assumptions and made it very difficult for me to initially let go of some of the principles relating to the objectivity of the researcher.

On numerous occasions I failed to recognise these positivist influences. It was much later in my doctoral journey that it became apparent to me that realism was *screaming* from parts of my draft thesis: on several occasions I had clearly stated my attempts to remove my influence or 'bias' from the study. As I reflected upon this I recognised that the language was indicative of my past experiences and my underdeveloped understanding of a relativist, social constructionist perspective at the outset of the study, which was reflected in earlier writing. As the study progressed, I consciously attempted to view the study through a social constructionist lens and acknowledge my influence as a researcher as the methodology became more defined.

In particular, whilst undertaking the literature review and identifying the discourse of good character I found the NMC's representation of good character confusing and in conflict with my own ontological and epistemological positioning. As a nurse practitioner I believed that I was wholly aligned to the requirements of the Code and the professional body, which presents the registrant as the creator of knowledge and as an autonomous and accountable practitioner. This is an essentialist perspective, in which the nature of existence comes from within the individual. However, as I explored what really mattered to me in terms of investigating this study I found that my own epistemological and ontological position aligned more closely with a post-modern social constructionist perspective, which does not recognise the individual as an essential being. This created some conflict for me, particularly as a registered nurse practitioner required to adhere to the requirements of the Code. At times as I was exploring the power/knowledge basis of the nursing and midwifery discourse it felt very negative and nihilist. However, throughout this journey I have come to recognise the potentially useful effects of exploring the assessment of the good character through a social constructionist lens, as it has opened up opportunities for positively influencing future practice.

3.5 ETHICAL CONSIDERATIONS

Ethical approval was sought and gained from the University of Wolverhampton ethics approval committee (appendix 3). The key ethical considerations for this study are presented in box 3.

Box 3: Key ethical considerations

- Seeking permission to access relevant individuals involved in HEI FtP processes.
- Informed consent through the provision of a Participant Information Sheet, which included a written explanation of the study and the requirements of participant involvement in each round.
- Maintaining participant anonymity (anonymous to each other) and confidentiality (as not anonymous to the researcher).
- Storage of data to adhere to restrictions under the Data Protection Act (Great Britain) (1998).

- Accessing case studies of real FtP cases at the University of Wolverhampton so that realistic vignettes could be produced. All case studies were anonymised and were not used in their exact form so that no specific individual was identifiable.

Polit-O'Hara and Beck (2006) indicate that true anonymity exists when no-one, including the researcher, can identify responses to specific individuals. Within this study, participants are anonymous to each other, which is identified as the most important factor within a Delphi (Mullen, 2003). However, they are not anonymous to the researcher due to the need to be able to follow up non-respondents and to assist in the overall analysis of data; only those who responded to previous rounds were invited to contribute to the next round. McKenna (1994) identifies this type of anonymity as quasi-anonymity.

Several authors have identified that participants who are personally known to the researcher should not be recruited, as this reduces anonymity and may affect the participant's response (Murphy *et al*, 1998; Baker, Lovell and Harris, 2006). However, Powell (2003) suggests that this may be difficult in a very specialist area. Although the speciality was not the issue in this study, I did know a number of the individuals who agreed to participate across various HEIs because I have worked within pre-registration nursing education for many years and this may have influenced and/or limited the responses that participants gave. However, I felt that this influence was reduced by not having face-to-face contact.

3.6 RECRUITMENT OF PARTICIPANTS

The first stage in the recruitment of participants was to contact nursing and midwifery leads within the HEIs and ask for their assistance in identifying relevant individuals in their organisation who fulfilled the selection criteria (see 3.6.1). A full list of UK providers of nursing and midwifery pre-registration education was obtained from Universities and

Colleges Admissions Service (UCAS) in August 2015. The contact details for key leads were sourced by accessing the relevant HEI website.

The literature related to FtP indicates that the institutional context such as cohort size, multi/single-campus provision and a diverse student population may impact upon FtP processes and decision making (Haycock-Stuart *et al*, 2014). For this reason specific contextual factors were identified for inclusion:

- Varied cohort size
- Multi-campus and single-campus provision
- Varied student population in relation to demographic and cultural differences

A spreadsheet was created detailing each HEI in relation to the above three factors and including the contact details for the nursing and midwifery lead so that a wide selection of HEIs could be approached. Two months were identified for the recruitment of participants (November – December 2015).

3.6.1 PARTICIPANT SELECTION CRITERIA

Within a Delphi study participants are often selected and identified as '*experts*' with descriptors such as knowledge, expertise and/or influence attached to the role. However, there is some controversy and debate over the use and definition of the term expert (Sackman, 1975; Linstone and Turoff, 1975; Hasson, Keeney and McKenna, 2000; Baker, Lovell and Harris, 2006). From a social constructionist perspective, experts are identified as individuals who interact with others to exercise power based upon their claim to specific subject knowledge (Walker, 2015). The medical profession is identified as one such group of experts and thereby enjoys a privileged position in society (Walker, 2015). The FtP decision-makers in this study could be seen as experts who exercise power and

control over who is allowed to enter and continue in nursing and midwifery pre-registration programmes.

However, the extent of criticism against the selection of Delphi participants as experts within the literature seemed strange to me, as purposive sampling for any research method will adopt similar principles and will, therefore, be subject to the same advantages and disadvantages. It is not clear whether the criticism relates to the use of the term '*experts*' or whether it is a result of positivist principles associated with scientific research and the perceived gold standard of random sampling. Within qualitative research, participants are sampled purposively, not at random, to ensure that they have the knowledge or experience of the phenomenon of interest (Moser and Korstjens, 2017), which was appropriate for this study.

One of the main criticisms of the use of Delphi has been inadequate description and rationale for choice of experts within published studies (Baker, Lovell and Harris, 2006; Keeney, Hasson and McKenna, 2011). Purposive sampling was used in this study to ensure that participants met the pre-defined inclusion criteria, which is usual practice in Delphi studies (Hasson, Keeney and McKenna, 2000; Baker, Lovell and Harris, 2006; Keeney, Hasson and McKenna, 2006) and in qualitative research studies generally (Holloway and Wheeler, 2010; Moser and Korstjens, 2017). Snowball sampling, identified as a variant of purposive sampling, was also used and is useful when the researcher does not have direct access to potential participants (Holloway and Wheeler, 2010), which was the case in this study. Snowball sampling can help to maintain participant retention because of the person-to-person approach (Rowe and Wright, 2011).

It is identified in the literature that purposive and snowball sampling may introduce selection bias, as all potential participants are not adequately represented (Keeney, Hasson and McKenna, 2006): there may be reasons why some individuals choose to

participate, and others decline. However, the data gathered from any participant is deemed relevant in qualitative studies generally, which do not seek to represent the entire population and are not generalisable (Okoli and Pawlowski, 2004; Hsu and Sandford, 2007a; Holloway and Wheeler, 2010). This is compatible with a social constructionist perspective in which there are multiple realities and supports the view that research cannot seek to establish one truth.

Within this study I wanted to understand the perspective of the decision-makers specifically. Further research could identify whether the views of the decision-makers differ to others' views, such as students, patients/service users, the general public, etc. but this was outside of the scope of this study.

In determining '*expertness*', professional qualifications or registration have been identified as evidence that an individual has achieved a "*certain pre-defined knowledge and experience base*" (Baker, Lovell and Harris, 2006: 62). However, knowledge gained from qualifications alone has been identified as inconsistent with expertise (Crisp *et al*, 1997; Keeney, Hasson and McKenna, 2001). Several authors have suggested that experience is determined by the length of time working within an area (Hardy *et al*, 2004; Jeffery *et al*, 2000) although Baker, Lovell and Harris (2006) question whether the number of years is relevant. Indeed, in relation to this study, experts may have been in a post where they were required to make FtP decisions but they may not have had sufficient FtP cases to consider within a specified period of time, which would affect their level of experience. It was therefore, decided that each participant required experience of a specific number of cases rather than years of experience.

Although there is no specific process for selecting experts identified within the literature, the use of expert inclusion criteria is recommended (Mead and Moseley, 2001) and is becoming increasingly common (Keeney, Hasson and McKenna, 2011). The selection of

experts is identified as an important influencing factor upon the results of a study (Rowe, Wright and McColl, 2005).

Within this study the participants were purposively sampled using specific selection criteria (box 4) identifying a combination of both knowledge and experience. This approach is justified as the Delphi approach in this study is not intended to produce right or wrong answers but to elicit expert opinion or judgement informed by experience of the assessment of good character by decision-makers in relation to the FtP of pre-registration nursing and midwifery students.

Box 4 Participant Eligibility Criteria

- A registered nurse or midwife academic or practitioner.
- Actively involved in decision making processes related to the good character requirement for nursing and/or midwifery students, as part of higher education institution FtP processes.
- Been involved in at least three FtP cases relating to the good character requirement: either at the investigatory stage, faculty/school level panel or university level panel.

3.6.2 SAMPLE SIZE

There is no specific evidence regarding the minimum or maximum number of experts for a Delphi study (Keeney, Hasson and McKenna, 2006) with many published sample sizes reported as consisting of 10 to 100+ experts (Mullen, 2003; Akins, Tolson and Cole, 2005; Keeney, Hasson and McKenna, 2011). To some extent this needs to depend upon the requirements of the study, its design and the resources available (Okoli and Pawlowski, 2004; Keeney, Hasson and McKenna, 2011). Turoff (1975) suggests that a policy Delphi can have between ten and 50 participants, with no evidence of improved results beyond 30. However, this may result in insufficient participants if there is high attrition in each round (de Villiers, de Villiers and Kent, 2005).

Numerous authors have cited the need for heterogeneity of samples (Mead and Moseley, 2001; Hardy *et al*, 2004; Mullen, 2003; Powell, 2003). However, Baker, Lovell and Harris (2006) indicate that large heterogeneous samples produce other disadvantages, do not necessarily sit comfortably with the point of the Delphi concept and that the size of the sample should be determined by the purpose of the study rather than an arbitrary number.

As this Delphi study was qualitative in all three rounds, the criteria for qualitative sampling was, therefore, considered in terms of the sample size, with Holloway and Wheeler (2010) identifying that most qualitative studies have between four and forty participants. For this study a sample size of $n=30$ was identified, which it was hoped would ensure at least 20 participants in the final round following round by round attrition. Heterogeneity was sought in relation to nursing and midwifery practitioners and academics but all other selection criteria remained the same, as this was deemed appropriate for this study.

Initially twenty-six HEIs were contacted by telephone to identify and speak to the nursing and midwifery lead. Hsu and Sandford (2007b) recommend that initial contact is made by telephone or through a personal contact, as this offers an opportunity to explain the study, identify interested participants and obtain contact details. Some leads were able to speak to me directly, consented to support the study and provide contact details of staff who met the selection criteria. The telephone call was followed up with an email providing all relevant information, which could be forwarded to potential participants by the key lead, leading to a snowball sampling effect. Alternatively the email provided sufficient information for the key lead to identify and provide the details of individuals who met the selection criteria so that I could follow this up directly with the individuals.

Other leads were unavailable to speak by telephone and so the same email was sent outlining the study and asking for their cooperation. The leads in all HEIs were also asked

to direct the email to practice partners who were involved in FtP decision making within their HEI.

After seven weeks only five confirmed participants had been received. However, the Christmas period was approaching and further reminders were unlikely to achieve any effect at this time. The recruitment period was therefore extended by one month to the end of January 2016 and a revised email was circulated to everyone on the spreadsheet, even those not previously contacted, at the beginning of January 2016. This resulted in an initial email and/or telephone contact being made with 100 individuals. Following a reminder email, thirteen declined to participate, a large majority failed to respond but the recruitment target for the overall sample size ($n=30$) was achieved by the end of the recruitment period and was slightly exceeded with 34 participants identified from HEIs in England and Wales. No participants responded from Scotland or Northern Ireland.

This sample size was deemed adequate for a qualitative study, as too many participants would have resulted in an unmanageable amount of data to analyse and the purpose of this study was to gain an understanding from this participant group, not to generalise (Holloway and Wheeler, 2010). Large sample sizes are also generally more difficult to manage and usually have low response rates (de Villiers, de Villiers and Kent, 2005; Hsu and Sandford, 2007a).

3.7 ENHANCING THE RESPONSE RATE

Maintaining a good response rate, round by round, is identified as a key requirement within a Delphi study to reduce the risk of non-response error, which represents a potential bias in the data between those individuals who participate in each round and those who do not (Hsu and Sandford, 2007b). This is not usually a risk in conventional qualitative research studies where an iterative approach is not used. However, due to the iterative nature of this study it requires consideration, as general generally the more

rounds the higher the attrition rate (Donohoe and Needham, 2008). There is a lack of guidance within the literature regarding an acceptable response rate although Hasson, Keeney and McKenna (2000) indicate that a minimum response rate of 70 percent is important to maintain the rigour of the research process. However, this most likely relates to consensus seeking Delphi rather than a purely qualitative Delphi. No minimum response rate was identified for this study but numerous strategies were put in place to optimise participant engagement throughout, as indicated in table 1.

Table 1 Strategies for Maintaining Participant Engagement

Strategy	Action Taken in Study
Clear outline of the commitment required of participants (Keeney, Hasson and McKenna, 2011).	Information for potential participants sent at the outset and resent just prior to the study start.
Providing information to participants informing them that each round is constructed from the responses received in previous rounds (Keeney, Hasson and McKenna, 2006).	Included reference to this at the start of each questionnaire round and also included anonymised direct quotes from participants. Tried to ensure that at least one quote from each participant was included within rounds two and three to maintain a connection with the study (recommended by Scheele 1975).
Personal touch can reduce attrition either through face-to-face or telephone contact initially (McKenna, 1994; Hsu and Sandford, 2007b) or by personalising correspondence (Keeney, Hasson and McKenna, 2006).	Face-to-face contact not appropriate for this study as I wanted to recruit participants from as large a geographical area within the UK as possible. Also face-to-face contact would have significantly lengthened the period for data collection. Instead, all participants were contacted personally by telephone initially where possible and email communication was maintained throughout the study.
Quick turnaround between rounds can help to maintain motivation to participate (Mead and Moseley, 2001; Landetta, 2006; Meskell <i>et al</i> 2014).	Recipients given three weeks to respond, turnaround time between rounds was set at four weeks.
Send regular reminders throughout the process to maintain contact with participants (Geist, 2010; Franklin and Hart, 2007; Keeney, Hasson and McKenna, 2006). Need to strike a balance in terms of following up non-respondents so that	Reminders were sent weekly and then 24-48 hours prior to the deadline. Deadlines for completion of rounds were extended for rounds two and three to try to improve the response rate. Email communication was made

participants do not feel under pressure to respond but have the opportunity to do so if they wish.	encouraging participation but thanking them for their participation to date if they chose not to continue.
Planning rounds around workload activity to avoid peak periods (Franklin and Hart, 2007).	Planned around the academic calendar as far as possible.

The initial sample size for this study was 33 participants (after one participant failed to respond to the pilot study), which is considered a reasonable size for a qualitative Delphi study.

3.8 RESEARCH PROCESS

The iterative process of the Delphi makes it time consuming for participants. It was, therefore, important to keep all questionnaires as short as possible with the initial aim being to keep each questionnaire to 30 minutes completion time.

The academics and practitioners sampled for this study are all expected to utilise electronic communication methods within their day to day duties and so it was assumed that they would be able to respond by electronic means. Electronic data collection when using the Delphi approach is recommended to reduce costs, enable sampling from a wide geographical area, reduce the length of time to administer each round and reduce the administrative burden of the researcher in terms of collating the results (de Villiers, de Villiers and Kent, 2005; Franklin and Hart, 2007; Green, 2014). For this study the questionnaire in each of the three rounds was administered through the use of SurveyMonkey® software. This software does not require participants to download or save any material; the questionnaire is accessed directly through a link sent in an email by the researcher and is completed online. Having used SurveyMonkey® myself in the past as a study participant I knew that it offered some flexibility to participants in terms of

being easily accessible, can be completed at a time convenient to the participant and can be saved to return to at a later date if required.

Confidentiality was maintained by the creation of an excel spreadsheet, which detailed all of the participant names, an allocated research code for each participant which was transposed onto all documentation so that names could be removed and a tracked response or non-response record for each round. This was saved securely on my computer and was password protected so that only I had access to it. The use of SurveyMonkey® for administering each round offered ease of use in terms of tracking and following up non-respondents. In relation to the data, the software enables the collation of group responses to be downloaded confidentially to Excel (as the software automatically allocates codes to each participant) and individual questionnaire responses can also be downloaded.

Unfortunately the automatic allocation of participant codes in SurveyMonkey® created some additional administrative work, which was not identified until round two, as the software participant coding was different for each round and was different to my own coding. I therefore had to review each collated response against the individual questionnaire and update the software coding to reflect my coding system so that participants could be tracked between rounds.

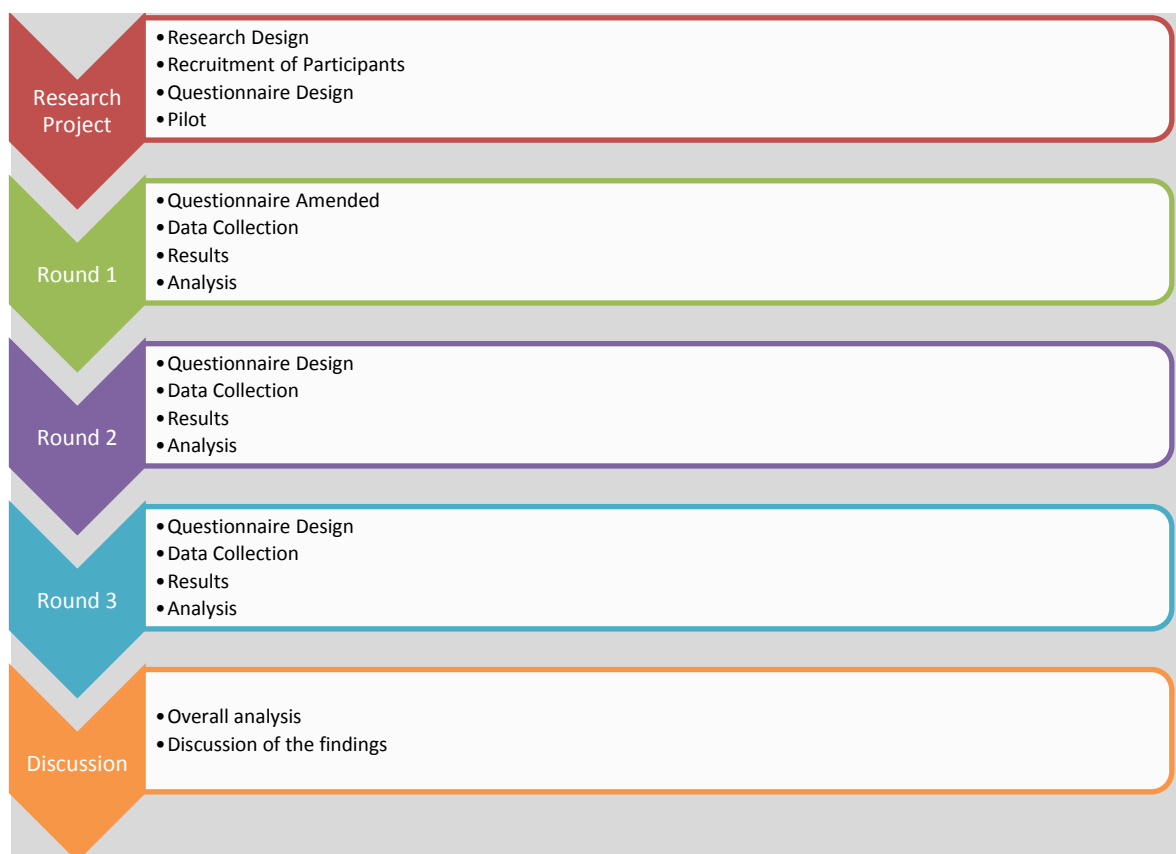
If they are to be effective, Delphi studies require robust administrative systems (Ogoli and Pawlowski, 2004) and I felt that the overall benefits of using the SurveyMonkey® software for the administration of the data collection were more beneficial, from both the participant and the researcher perspective, than the limitations of this approach.

3.8.1 TIMING OF ROUNDS

The timing of each round needed to take account of the university academic calendar, as most participants were academics; I did not want the third round to continue past July

due to academic staff taking leave. Duffield (1993) estimated that completion of each round takes approximately eight weeks, which is supported by de Villiers, de Villiers and Kent (2005), suggesting that it would take five months to complete three rounds. I, therefore, planned completion of all rounds by early June. Participants were initially given three weeks for the completion of each questionnaire and I allowed myself four weeks to analyse the data from each round and produce the next questionnaire. I did not want to wait longer than four weeks to send out the next round questionnaire, as it is important to maintain motivation and commitment within a Delphi study (Keeney, Hasson and McKenna, 2006; Meskell *et al*, 2014). The steps of the Delphi approach used in this study are shown in figure 1 below.

Figure 1: The Steps of the Delphi approach



3.9 DATA COLLECTION

In relation to the methodological approach for this study it was important to consider which data collection tool was most appropriate to use within the Delphi approach. Questionnaires are by far the most common data collection tool used within a Delphi. Individual interviews were considered but would have prevented iterative feedback unless multiple interviews were conducted, which would potentially limit the geographical spread of participants due to time and resource constraints of the researcher. If only one interview were performed with each participant it would not present the same level of interaction that occurs within a discussion based Delphi process and the participant would not have the time to fully consider the issues or the other participant feedback.

Focus groups could have been used in this study and do allow group interaction, which could facilitate participants to explore specific issues and offers the opportunity to clarify insights early in the process (Goodman and Evans, 2015). However, they do not offer any degree of anonymity, which enables the potential for power relationships to occur and may deter some individuals from participating fully if louder individuals dominate the discussion and this is not managed effectively by the interviewer (Mullen, 2003; Landetta, 2006; Yousuf, 2007; Fletcher and Marchildon, 2014; Goodman and Evans, 2015). Individuals with little experience may also be more reluctant to voice their opinions in a face-to-face interaction, for fear of embarrassment or giving the wrong answer (Keeney, Hasson and McKenna, 2006). A further limitation of focus groups is that it is difficult to sample from a large geographical area due to time and resource constraints and willingness of participants to travel (Goodman and Evans, 2015).

These power/dominant issues could present themselves in actual FtP decision making, particularly as the objectification of character as good or bad may promote moral and ethical tensions. However, within face-to-face interaction individuals with divergent views may not feel able to readily voice their opinion, as they may fear that their own moral or

ethical perspective is in some way inadequate or questionable because it is not aligned to the norm. Someone who feels less confident in voicing their opinion may feel that they cannot question what appears to be the consensus of the group. For the purposes of this study I wanted to reduce the effect of this so that I could hear individual voices and then identify how individual perspectives are influenced through the receipt of the participant feedback. If a participant holds a minority view they may be influenced to change their perspective based upon seeing the feedback from other participants but this would not be as a result of power relations within a face-to-face setting. In contrast, a study by Rowe, Wright and McColl (2005) found that participants with a lot of expertise, or those who were very confident but less knowledgeable, were less likely to change their opinions over rounds and that other participant feedback may result in participants becoming defensive about their opinion, reducing the likelihood of them making any changes.

The Delphi approach utilising a questionnaire to collect data is identified as appropriate when it is not possible, due to geographical and/or resource constraints, or desirable to have experts in a face to face meeting (Yousuf, 2007). The participants in this study were selected from a wide geographical area and the Delphi questionnaire offered participant anonymity, whereby participants are anonymous to each other but not to the researcher. Participant anonymity reduces some of the disadvantages of power relations within a face-to-face interaction (Mullen, 2003; Landetta, 2006; Keeney, Hasson and McKenna, 2011).

A qualitative questionnaire within a Delphi approach was identified as the most appropriate method of data collection. However, the qualitative nature of the questionnaires presented in each round actually provided a participant feedback tool as an open-ended discussion proforma, rather than merely a series of questions. The development of the proforma is discussed later within the pilot study section. The use of this tool as part of the iterative process of the Delphi along with qualitative participant

feedback in all rounds enabled the social interaction that is unique to this study and is not reported in other Delphi studies.

A qualitative interpretative research methodology utilising a modified Delphi approach allowed me to hear the voices of each individual participant within an asynchronous conversation enacted through the iterative process of the Delphi. The iterative process allowed each participant to reconsider and, if they felt appropriate, to change their opinion based upon the social interaction that took place.

3.9.1 QUESTIONNAIRE DESIGN

One of the reasons for not adopting the use of quantitative approaches in this study is that quantitative approaches are not consistent with the social constructionist epistemological basis of this study, which seeks to explore perspectives. The construction of the good character concept is socially situated (Wilks, 2004) and qualitative studies allow participants to give their perspective on a complex situation (Finch, 1987).

For this study vignettes were chosen for the first round because they are useful for research on controversial or sensitive subject areas (Barter and Renold, 2000; Hughes and Huby, 2000; Robson, 2011; Evans *et al*, 2015). It was also noted that vignettes do not pose the associated ethical difficulties of accessing real-life accounts (Hughes and Huby, 2002), are quicker to implement than observational studies and are less expensive (Hughes and Huby, 2002; Robson, 2011).

3.9.1i VIGNETTES

Ethical approval had been granted to access real FtP cases, upon which the four vignettes could be based. Vignettes generally consist of a brief hypothetical scenario based upon real-life experiences (Schoenberg and Ravdal, 2000; Wilks, 2004) and are used to prompt a detailed response from participants (Wright, Heathcote and Wibberley, 2014), particularly in complex decision-making (Brauer *et al*, 2009; Evans *et al*, 2015). They

often portray a dilemma and can be used to explore participants' positioning and understanding of a particular issue (Barter and Renold, 2000). A range of FtP cases were sourced to try to ensure that as many relevant issues as possible were identified by participants. Relatively few Delphi studies have been identified where vignettes have been used and certainly not in relation to a qualitative approach throughout the Delphi, so this was an innovative approach.

The quality of qualitative vignettes is judged by the meaningfulness of the content of the vignettes to the participants of the study, rather than how closely they reflect reality (Wilks, 2004). Vignettes should include sufficient context for participants to consider the situation but should not be so complete that participants feel able to give a definitive answer, as this discourages participants from identifying other factors that may influence their judgement (Barter and Renold, 2000).

The original case studies were anonymised, revised to provide further information where detail was missing and were embellished with subjective information regarding student characteristics such as age, gender, ethnicity, etc. There is no evidence within the literature that these characteristics may influence the assessment of good character within FtP but in relation to the use of vignettes, Finch (1987) acknowledges that it can be useful when more than one vignette is used to provide some differentiation (Finch, 1987). Brauer *et al* (2009) identify that the addition of descriptive detail could introduce the potential for researcher bias in terms of leading participants. Within a social constructionist perspective, where researcher influence rather than bias is acknowledged through reflexivity, it is important to note that I have influenced the subjective information included in the vignettes which may have subsequently influenced the participants' responses.

Vignettes are often criticised because they do not exactly reflect reality and the researcher influences the process because they select the content of the vignette (Hughes and Huby, 2002; Wright, Heathcote and Wibberley, 2014). However, other authors suggest that vignettes should not be judged on their ability to mirror reality but as tools to encourage reflection and analysis with a view to improving future practice (Spalding and Phillips, 2007), which was facilitated through the Delphi process.

A further limitation of using vignettes is that people do not always act in reality in the way that they believe they would do when posed with a hypothetical situation (Barter and Renold, 2000). Finch (1987) suggests that actions themselves are specific to the situation but that the primary use of vignettes within research is to facilitate access to the complex process of understandings and meanings, which are used to determine what action might be taken. For the purposes of this study, it is precisely the exposure to this complex process that was being sought.

Prior to circulating the round one questionnaire a pilot study was undertaken to ensure that the questionnaire was fit for purpose.

3.9.1ii PILOT STUDY

There is no agreement within the literature regarding the use of pilot questionnaires in all rounds of a Delphi study (Meskell *et al*, 2014) although it appears that first round pilots are most commonly undertaken (Keeney, Hasson and McKenna, 2001; Clibbens, Walters and Baird, 2012). Clibbens, Walters and Baird (2012) recommend piloting all rounds but this was so that they could develop consensus thresholds and test them, which was not relevant to this study.

The use of a pilot study within a post-modern theoretical framework is questionable; as such studies are not trying to identify a single reality that is measured by an instrument but to identify multiple realities that provide an understanding of a social situation from

the perspective of the participants. Qualitative research undertaken within this framework should be flexible as research design emerges as the data are collected. Customising the data collection tool is much easier in a face-to-face situation than when using a questionnaire based proforma that is completed asynchronously by the participant. In relation to the vignettes specifically, I wanted to ensure that the information presented was clear, accurately reflected real-life and was relevant to the research topic (Hughes and Huby, 2002). I decided to pilot the round one questionnaire to ensure that the participants were able to understand what was required of them, as I would not be able to respond to them in real-time whilst they were completing the questionnaire. I did not pilot any of the other rounds, as I did not want to experience delays between rounds that may affect the response rate. I aimed to turnaround each questionnaire within four weeks of the last round.

Turoff (1975) identifies that pilot studies should include individuals who meet the selection criteria but should not be involved in the study. However, it is not clear why this is suggested and may relate to studies that are seeking consensus whereas my study did not require this. Teijlingen and Hundley (2001) identify that potential contamination can occur if pilot participants take part in the main part of the study because participants have already been exposed to the data collection tool. However, it is acknowledged that this is less of an issue in qualitative research, as interventions are not undertaken. In addition, in this study the pilot participant data was used as part of the data collected for round one and pilot participants were then invited to participate in rounds two and three with the rest of the participants. They were not, therefore, exposed to data collection within a specific round more than once.

I recruited three participants for the pilot from individuals who had already responded to indicate that they would like to participate in the study. I intended to use their data within the round one analysis if there were few changes to the vignettes. If significant changes

were required, I identified that I would exclude their data from round one but invite them to participate from round two onwards. This decision was made because significant changes to the context of the vignettes or the format of the questionnaire following the pilot study may have caused confusion in round two if the participants did not know what the pilot participant comments were referring to. This was made clear to the pilot study participants at the outset.

Within the pilot study questionnaire, participants were given two weeks to complete the questionnaire and asked to time how long it took to complete it. The questionnaire was distributed electronically via SurveyMonkey®, which was accessed from a link with an email to the individual participants. The pilot participants were asked to complete all aspects of the questionnaire. They were also asked for any specific feedback regarding the questionnaire design at the end of each section and were asked some specific questions regarding the overall questionnaire construction at the end.

Once each individual had agreed to participate in the study I emailed the Participant Information Sheet and provided a brief outline of the study indicating that consent would be sought in round one (appendix 4). I decided to incorporate the consent form into the round one questionnaire so that participants could complete this easily online without having to save separate documents to their computer and then email them back to me.

3.9.1iii PILOT STUDY ANALYSIS

The pilot study information was only analysed in terms of the questionnaire's fitness for purpose and ease of use. The pilot was distributed on the 3rd January 2016 with a response required by the 18th January 2016. Only two of the pilot participants completed the questionnaire, which was disappointing. The third participant failed to respond to any further communication and so was excluded from any further stages of the study. The

pilot data was subject to separate analysis and changes were made as a result of the pilot study feedback (box 5).

Box 5: Changes to pilot questionnaire

Issue Identified	Changes Made
Participant information suggested that completion of the questionnaire would take approximately 30 minutes but actually took participants 40-45 minutes Participants had been asked whether four vignettes were <i>too few/enough/too many</i> and both had indicated that they were <i>enough</i> .	Decided to keep four vignettes but change the information to participants to indicate that the questionnaire would take approximately 40-45 minutes to complete.
Two of the vignettes were pre-university FtP panel and two were at a university FtP panel. One respondent appeared to have difficulty wearing two hats.	Changed all of the vignettes to pre-university FtP panel decisions. Participants asked whether they would refer to the FtP panel (YES/NO) and to give detailed reasons for their answer.
A different range of issues within the vignettes was suggested.	Reviewed the vignettes to include a wider range of issues by removing the vignette related to cheating in an examination and replacing it with a drink driving offence vignette, which resulted in an altered DBS.
One respondent thought it might be easier to consider some of the vignettes if more detail were provided, as the process was identified as very complex with many factors to consider. There were occasions within some of the vignettes when the participants wanted to ask many more questions before making a decision.	Vignettes were enriched to provide more information, whilst not providing too much detail, as recommended in the literature. Although this may have lengthened the questionnaire completion time it may conversely have made it easier to provide responses thereby reducing the completion time. It was therefore considered appropriate to do this.
Following each vignette participants were asked: <i>What factors would you bring to bear in making a decision about the good character of XXX? What other questions if any, would you want to ask before making your decision?</i> Only one response box was provided and as a result, one respondent did not answer both questions. The questions did not lend themselves to indicate what the respondent's initial impressions might be regarding the student's good character, they just	Questions changed so that after each vignette participants were asked whether their initial decision would be to <i>Refer to the University FtP panel</i> , or <i>Do not refer to the University FtP panel</i> . This was followed by a second statement: <i>Give detailed reasons for your answer.</i>

indicated what they would look at. In relation to one vignette one respondent indicated in the suggestions/comments for changes to this vignette, that despite the feedback provided it would be almost impossible for the student to remain on the course. This indicated that in some circumstances the misconduct was so severe that very little could be taken into account. However, this information would not be gained from the current questions.	
An equality issue was identified regarding the question asking whether participants were male or female, as this did not reflect all possible responses.	Contacted university equality and diversity department for advice, they advised just having a box asking participants to indicate their gender.

As can be seen above, several changes were made to the round one questionnaire in response to the pilot study feedback. All vignettes were embellished with additional information, as the pilot study participants had appeared to find it difficult to make decisions regarding the students presented due to insufficient information. It was at this point that I decided to include additional context to the vignettes, as the literature indicated that consideration of the context when assessing good character was important (Ginsburg, Regehr and Lingard, 2004; NMC, 2015b) and it was not clear whether the pilot participants were having difficulty making FtP decisions due to the lack of context.

The pilot study feedback indicated that four vignettes were adequate, but it had taken on average 45 minutes to complete the questionnaire, which was longer than I had anticipated. It was not clear whether this was due to a lack of information in relation to each vignette or whether the critical thinking required meant that this was a reasonable timeframe. The pilot feedback also indicated that a wider range of issues would be more appropriate; two cases of academic misconduct was not necessarily reflective of the range of scenarios experienced in practice and a scenario reflecting a change in a disclosure and barring service (DBS) check would be more useful. I did not want to make the questionnaire longer by adding additional vignettes so I replaced one of the academic

misconduct vignettes with a drink-driving offence that had resulted in a changed DBS check. The difference between the vignettes presented in the pilot study and the round one questionnaire can be seen by comparing the pilot study questionnaire in appendix 5 with the round one questionnaire in appendix 6.

The pilot participants had been informed that they would not be required to participate in round one but that their data would inform round one analysis if no significant changes were made to the round one questionnaire. They were informed that they would be invited to re-join the study from round two onwards. The pilot participant data was used to inform the findings in relation to three of the vignettes in round one, as these three vignettes were not changed significantly. The pilot participant data was excluded in relation to the vignette that was replaced with an alternative vignette.

The two participants who completed the pilot questionnaire were not included in round one, as I intended to use their data from the pilot study within the round one data and did not want to cause participant fatigue in those individuals. They were invited to continue to participate in the study from round two onwards.

Within qualitative studies, particularly where there is an iterative process, data collection is often progressive as was the case in this study. The pilot participants had already responded to three of the vignettes so it did not seem appropriate to expose them to the same vignettes again but equally, due to the small sample size, I did not want to exclude them from the study. Contamination of data by pilot participants has been acknowledged as less of a concern in qualitative research, where researchers often use some or all of their pilot data within the main study if the study and the population are the same (Polit and Beck, 2017). As this was an exploratory study in which the perspectives of the participants were sought and the rounds two and three questionnaires were based upon

themes to progress the data collection I decided to invite them to continue to participate from round two onwards.

3.9.2 ROUND ONE DATA COLLECTION

At the start of round one, an email was circulated on the 7th February 2016 to the purposive sample of 31 participants who had agreed to participate: 4 midwifery academics, no midwives from practice, 19 nurse academics and 4 nurses from practice. The pilot participants were excluded from this round, as discussed above. The participant information sheet was circulated in round one as an updated version, as an error had been noted by one of the potential participants when considering whether or not they wanted to be involved in the study (appendix 4). This error had not been noted by the pilot participants. The amendment was noted on the email so that participants could look at this specifically. Participants were advised that they would be asked to complete a consent form online before commencing the questionnaire and that they would be asked to confirm that they had read the participant information sheet. My contact details were provided for participants if they had any queries.

On the same date, all participants were sent an email with the link to the first round Delphi questionnaire (appendix 6), which could be accessed in SurveyMonkey®. The email gave a brief overview of what they could expect and advised them that it would take approximately 40 to 45 minutes to complete. They were also advised to complete the questionnaire by the 28th February 2016 and that email reminders would be sent each week and 48 hours before the due date.

3.9.3 ROUND TWO DATA COLLECTION

Participants were sent an email on the 31st March 2016 with the link to the round two questionnaire. Participants were advised that it would take approximately 30-40 minutes

to complete and that email reminders would be sent each week and 48 hours before the due date. They were asked to complete the questionnaire by the 23rd April 2016.

3.9.4 ROUND THREE DATA COLLECTION

Participants were sent an email on the 5th June 2016 with the link to the round three questionnaire. The email thanked them for their participation to date, provided a brief overview of what they could expect in round three and advised them that it would take approximately 30 minutes to complete. Participants were asked to complete the questionnaire by the 27th June 2016 and advised that email reminders would be sent.

Individual questionnaires had been created in SurveyMonkey® for round three, as each questionnaire included individual participant responses from round two. As a result of this, the data could not be downloaded as a group response and so had to be collated manually, which was time-consuming. An excel spreadsheet detailing individual responses for each theme, and responses to the use of Delphi as a research method, was created in Excel so that analysis of each theme could be undertaken. All individual questionnaires were also downloaded as portable document format (PDF) documents for use in the overall analysis of the study if required.

3.10 DATA ANALYSIS

The data from each round was collated into an excel spreadsheet ready for data analysis. As with all methodologies, the type of analytical approach used in Delphi should be based upon the research aims, design and the type of data collected (Brady, 2015). Due to the iterative nature of Delphi, each round has to be analysed in turn to facilitate the communication process by informing and enriching the next round questionnaire and the discussion. Much of the information within the literature regarding the analysis of Delphi data relates to quantitative analysis for consensus seeking and was therefore not relevant for this study.

Thematic analysis has previously been recommended for qualitative data analysis in Delphi (Linstone and Turoff, 1975). Conventional qualitative analysis methods were considered and thematic analysis was chosen as the method of choice for analysing each of the three rounds, as it is also identified as appropriate for use within constructionist epistemological positions (Braun and Clarke, 2006).

Braun and Clarke's (2006) stages of thematic analysis were used to structure the analytical process, although modifications were made to accommodate its use within the Delphi approach (table 2). Braun and Clarke (2006) identify that thematic analysis has previously been given little attention by the research community because it is not perceived as an analytical method. However, the authors argue that thematic analysis should be considered as a method in its own right. Their process is identified as a "recipe" by the authors to enable researchers to undertake thematic analysis from a thorough theoretical and methodological basis (Braun and Clarke, 2006:5).

Table 2: Modified Braun and Clarke's Stages of Thematic Analysis (Braun and Clarke, 2006)

Stage	Thematic Analysis
1	Reading and familiarisation with the data
2	Coding data
3	Searching for themes
4	Reviewing themes
5	Defining and naming themes - <i>stages 2 to 6 were repeated to some extent following rounds 2 and 3 in relation to each theme</i>
6	Writing the report - <i>this stage was delayed until the final analysis after completion of all rounds</i>

It is identified that analysis can be influenced by the researcher's interest and knowledge, although it has also been identified that knowledge of the literature can make the researcher more receptive to subtle features of the data, which could be viewed as an advantage (Tuckett, 2005). The researcher will always impact to some extent upon the

analysis because they are part of the process. My experience of FtP decision-making meant that I had some knowledge that could have influenced my selection of key themes. It is very difficult, if not impossible, to isolate this knowledge, and from a social constructionist perspective this would not necessarily be desirable. However, it is important to acknowledge this through reflexivity.

I aimed to undertake the analysis inductively, allowing the data to drive the analysis as much as possible (Patton, 1990; Braun and Clarke, 2006). To achieve this I read and re-read the data multiple times and compared this to the themes already identified to try to ensure that no particular points of view had been concentrated upon inappropriately or missed and to ensure that I did not jump to conclusions too quickly (Holloway and Wheeler, 2010). Reading and re-reading the data, particularly in the final analysis of all three rounds, also enabled me to interpret the data at the latent level, which identifies structures and/or meaning in the participant responses rather than just describing what they said (Braun and Clarke, 2006).

Some peer review of the themes identified within the data analysis of rounds one and two was undertaken with my research supervisor to try to ensure trustworthiness of the data throughout the process. The presentation of direct quotes of participant feedback in rounds two and three also provided a source of participant verification of my interpretation of the data. However, from a social constructionist perspective it is important to acknowledge that the analysis and the presentation of the data in this study is based upon my interpretation and represents my perceived reality.

3.10.1 ROUND ONE ANALYSIS AND GENERATION OF THE ROUND TWO QUESTIONNAIRE

Upon completion of the round one questionnaire, SurveyMonkey® enabled the collation of all comments from each participant for each question and vignette into an excel

spreadsheet. Demographic details were collated for consideration in the overall analysis of the three-round Delphi. Vignette data were collated qualitatively with all comments included and were the basis of the analysis for this round. Individually completed questionnaires were also downloaded for further exploration in the final analysis of the data if needed.

The data analysed following round one included the responses to each vignette and the additional information. Initially key words were highlighted in the raw collated data. However, I did not feel that this approach accurately conveyed the message presented by the participants. It has been acknowledged that coding and categorising within thematic analysis can be problematic with a potential loss of the holistic view (Holloway and Wheeler, 2010) and/or the loss of important information when reducing the data (Silverman, 2011). To make the data more meaningful I decided to highlight key phrases, which were then grouped together from the entire data set so that interpretative analysis could be undertaken to examine the underlying ideas and assumptions.

Within the analysis I aimed to identify any issue that seemed to have an influence upon decision making when assessing good character, not just issues that were most frequently raised. Once the coding was complete I collated all related comments and tried to identify what the issue was in relation to the comments so that themes could be identified and used as the basis for designing the round two questionnaire.

I did not want participants to be presented with a series of questions to respond to or rate their agreement/non-agreement. Rowe and Wright (2011) indicate that playing devil's advocate can facilitate participants to think about the information differently. This was considered important to avoid the 'halo effect' of encouraging reciprocal approval amongst experts, as described by Sackman (1975, p. 46). I also wanted to try to promote some critical consideration of the issues, as identified by Akins, Tolson and Cole (2005),

which I felt was an important part of the social interaction within the asynchronous conversation. I decided, therefore, to include a statement in relation to each theme. The statements reflected my researcher interpretation of the participant opinion and some were designed to be provocative, not always reflecting the most '*popular*' opinion. Within each theme I also presented a short summary of researcher analytical feedback in terms of what I thought the data was saying in relation to each theme. This was supported by participant feedback in the form of verbatim comments. I tried to include at least one comment from each participant within the controlled feedback throughout the questionnaire so that each participant felt part of the data generation, with the intention of maintaining their interest, as highlighted by Scheele (1975).

This process was an attempt to try to enable the participants to make some sense of the data, as Keeney, Hasson and McKenna (2006) identify that returning round one items to participants in a non-themed format could result in participants feeling overwhelmed by too much information and may have a negative effect upon the response rate. Qualitative feedback was sought from the participants in relation to the statement presented and the other participant feedback.

Within the design of the questionnaires Fletcher and Marchildon (2014) identify the importance of data processing and interpretation being honest and accurate in terms of reflecting the opinion and intention of the participants, which I felt was important. Inaccurate feedback has been found to alter participants' views to some extent (Scheibe, Skutsch and Schofer, 1975). However, my influence as the researcher was most significant in the analysis of the round one data and the construction of the round two questionnaire, which needs to be acknowledged. I interpreted the themes from round one and produced the provocative statements for the participants to consider, which guided the remainder of the study. Rowe, Wright and McColl (2005) indicate that the iterative process of Delphi may exert more of an influence upon participant opinion than other

participant feedback and I did include verbatim participant comments in relation to each theme, which to some extent assisted in maintaining the honesty and accuracy of the data. However, as this is my interpretation of the data, other people may have identified other themes as more relevant and there may have been areas of interest in the data that I failed to identify due to the influence of my past experiences and my understanding of the literature.

A copy of the round two questionnaire is included in appendix 7. Full detail of the analysis of the round one data and the creation of the themes that informed the round two questionnaire is included in chapter four.

3.10.2 ROUND TWO ANALYSIS AND GENERATION OF THE ROUND THREE QUESTIONNAIRE

Upon completion of round two, SurveyMonkey® enabled collation of all qualitative comments from each participant in relation to each themed statement into an excel spreadsheet. Individually completed questionnaires were downloaded for further exploration in the final analysis of the data if required.

Key comments were highlighted in the raw collated data for each theme and the extent of agreement or disagreement with each theme statement was determined from the feedback. As in round one, I was not concerned with identifying issues that were most often cited but in identifying all issues. Comments relating to the key issues within each theme were grouped together. From the grouped responses, each theme was analysed individually in accordance with Braun and Clarke's (2006) seven stage approach and subthemes were identified. The final analysis of each theme into sub-themes, with verbatim comments to support the sub-theme, is presented in the round three questionnaire (appendix 8). Where differences of opinion were evident in relation to each sub-theme, verbatim comments were included to reflect the range of opinion.

It is usual to reduce the content of the round three Delphi questionnaire so that it is easier to complete and does not contribute to attrition from participant fatigue (Mead and Moseley, 2001). However, this largely relates to consensus seeking Delphi approaches. As there were only nine themes in round two I decided not to exclude any of these from round three, but the questionnaire was constructed with more feedback from the group indicating the level to which participants had agreed with the themed statement overall. Subthemes were identified from the round two data and were presented with supporting verbatim comments. Again, I attempted to include at least one quote from each participant within the round three questionnaire to maintain interest and motivation. I did not include any commentary relating to my own analysis within the round three questionnaire, just the themes and a sample of illustrative verbatim comments; it was important to include as many verbatim comments as possible so that participants could reflect their viewpoint against the views of others.

Although I was not concerned with seeking consensus, I decided that it would be useful to identify the extent of agreement or disagreement with each statement amongst the participants to feed back in round three so that participants could consider their own response in the light of feedback from the other participants. The extent of agreement or disagreement was merely used to provide a visual representation to participants, which I thought may provoke them to reconsider their perspective. In a real-life FtP situation, if an individual's perspective sits outside of the perspective of the rest of the decision-making group there is considerable pressure for that individual to change their opinion. I wanted to provide some pressure for individuals whose opinions did sit outside of the group. The data was not used in the results of this study. It was not possible to collate the agree/disagree data precisely, as participants had not been asked specifically whether they agreed with the statement and some participants had not identified their level of agreement within their feedback. This may have affected the overall data slightly in

relation to the level of agreement/disagreement reported. However, I tried to be as accurate as I could with this information so that false feedback was not provided, as Scheibe, Skutsch and Schofer (1975) identify that false feedback could influence the results. Having the opportunity to revise feedback is a key component of Delphi studies and I wanted to identify how much influence other participants' opinions had upon individual participants, particularly if an individual's own opinion was outside of the general opinion of the group, as could occur in real-life FtP situations.

Participants were presented with the original theme statement, what they had said in round two regarding the statement and verbatim quotes of what others said. They were also provided with the overview of general agreement/disagreement with the statement, which can be seen in the round three questionnaire (appendix 8). Participants were given the opportunity to change/edit their responses and to provide a rationale for this. Okoli and Pawlowski (2004) identify that this provides the researcher with a better understanding of the reasons behind the participant responses and has the potential to generate more in-depth information.

The analysis of round two was largely descriptive in relation to the themes identified. The findings from the analysis in the form of verbatim comments within the sub-themes are presented in the round three questionnaire (appendix 8).

3.10.3 ROUND THREE ANALYSIS

The data was analysed in relation to the number and type of changes made to responses for each theme and the reasons for any change. Any new responses in relation to each theme were reviewed to identify whether or not they added anything extra to the data already collected. The feedback relating to the experience of using the Delphi process was also collated and analysed using thematic analysis. The findings from this analysis are discussed within the overall findings in chapter four.

3.10.4 OVERALL ANALYSIS

After the initial individual analysis of each of the three rounds I undertook an overall analysis of the data to try to interpret some meaning from the data. As with all of the three individual rounds I aimed to undertake the overall analysis inductively, allowing the data to drive the analysis as much as possible (Patton, 1990; Braun and Clarke, 2006). This required me to read and re-read the data multiple times working backwards and forwards between the data from each round. Reading and re-reading the data in this final stage enabled me to identify structures and/or meaning in the participant responses rather than just describing what they said (Braun and Clarke, 2006). During this process it became apparent that there were some key factors identified by the participants as relevant for the assessment of good character alongside some key FtP process issues. The key factors identified were collated. I then returned to the data to qualify these assumptions. It is important to note here that this is my interpretation of the assessment of the good character of pre-registration nursing and midwifery students, as presented by the participants in this study. The findings of this analysis are presented in chapter four.

3.11 SUMMARY

This chapter has presented the rationale for my choice of research design and the methodology used, framed within the context of the social constructionist theoretical approach to this study. The following chapter presents the findings from each round of the three-round Delphi and an overall analysis and discussion of the findings from this study.

CHAPTER FOUR: FINDINGS AND DISCUSSION

4.1 INTRODUCTION

This chapter presents the findings from each of the three rounds of the Delphi followed by an analysis and discussion of the overall findings:

- Section one presents the key findings from all three rounds of the Delphi study. The findings from rounds one and two assisted in the development of the next round questionnaire. The findings from round three present an analysis of the participants' changed responses in round three.
- Section two presents an interpretation and critique of the overall findings of this study drawing upon the literature discussed in chapter two to demonstrate where the findings of this study support or challenge current knowledge and understanding, or present new understanding.
- Section three of this chapter discusses how the iterative process of the wholly qualitative modified Delphi approach adopted in this study offered the participants an opportunity for reflexivity.

4.2 SECTION ONE – THREE-ROUND DELPHI FINDINGS

Due to the iterative nature of Delphi, each round was analysed following data collection to facilitate the communication process by informing and enriching the next round questionnaire and the discussion. The data was not analysed at this point in relation to the literature discussed in chapter two. Once the three Delphi rounds were complete an overall analysis was undertaken in relation to the literature and is presented in section two of this chapter.

4.2.1 DELPHI ROUND ONE FINDINGS

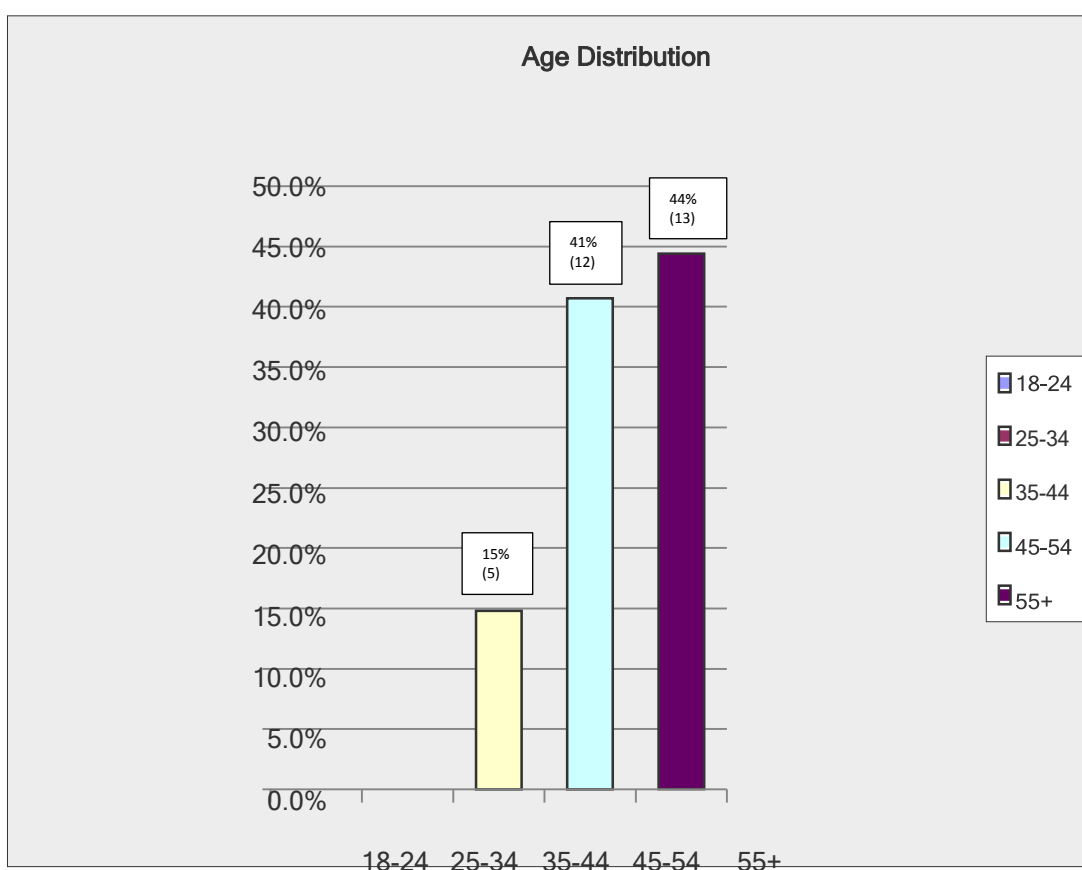
This section presents the findings from the first round of the Delphi study, which provided a basis for the construction of the round two questionnaire. The two participants in the pilot study were not invited to participate in round one, as discussed in chapter three. However, the pilot participant responses were reviewed alongside the round one participant responses for the three vignettes that were very similar to the pilot study. No further themes or issues were identified from the pilot study participants that had not already been identified in round one.

31 questionnaires were distributed and 27 questionnaires were returned, indicating a response rate of 87 percent. All questionnaires were completed fully. All non-respondents were sent reminder emails, as detailed within the methodology section, but once the closing date for completing the questionnaire had passed no further communication was made. Reasons for non-response were not sought; this could have been followed up but I did not want to put participants under unreasonable pressure to respond.

4.2.1i DEMOGRAPHIC DATA FROM ROUND ONE

Analysis of the demographic data (appendix 9) reveals a largely homogenous sample. In relation to gender: 81% (23) were female and 19% (6) were male. This was unsurprising given that the make-up of the nursing and midwifery workforce is still largely female (NMC, 2016d). Added to this the majority of participants qualified as a nurse or midwife pre-1990 (78% (21)), which was reflected in the age group (table 3). All but one participant qualified as a nurse or midwife pre-2000, which was prior to the NMCs introduction of the good character requirement.

Table 3: Age Distribution



The majority of participants indicated extensive experience of FtP cases relating to the good character of nursing and midwifery students at any stage of the process. No-one had experienced less than three cases: 10+ cases 59% (16), 7-9 cases 7% (2), 4-6 cases 33% (9).

The declaration of good character, which has to be completed by HEIs at the end of the course, was introduced in 1995 (Jowett, 1997). However, the requirement for HEIs to have FtP processes and panels was not introduced until 2009 (NMC, 2008b). The eligibility criteria asked the participants in round one to confirm that they were actively involved in decision-making processes related to the good character of nursing and midwifery students, as part of HEI FtP processes. However, participants were not asked directly when they had started being involved in FtP decision-making or how recently they had

participated in FtP decision-making, which is acknowledged as a limitation in relation to the interpretation of the data collected.

The recruitment of nurses and midwives from practice was disappointing with no midwives and only 4 nurses recruited from the practice setting. Although not sought specifically in this study, the low numbers of practitioners may have affected the overall data collected as the perspectives reflected in the data will be largely influenced by the academic participants.

Further information was sought from the participants regarding whether or not participants had received FtP preparation or training of which 59% (16) indicated Yes, with details provided regarding the scope of preparation/training received (box 6) and 41% indicated No.

Box 6 – Scope of Fitness to Practise Preparation Received by Participants

- Informal preparation through observation
- Standard in-house training on processes such as investigation, equality and diversity, managing poor performance, the role of panel members and the role of the chair
- External study days/forums
- NMC training in preparation for an NMC panel member role considering registrants
- One person did not understand what FtP training was and referred to previous experience in practice as a nurse and academic

The scope of training was largely delivered through observation of actual FtP decision-making or in relation to the processes involved in the FtP process. Only one participant made reference to considering past cases and none of the participants made any reference to specific training in relation to decision-making or considering moral and ethical issues.

4.2.1ii ROUND ONE THEMES

The data analysed following round one included the responses to each vignette and the additional information. Key points were highlighted in the raw collated data and comments were then grouped together from the entire data set so that interpretative analysis could be undertaken to examine the underlying ideas and assumptions. From this analysis, nine themes were identified (table 4). As qualitative analysis was being undertaken, frequency counts were not considered relevant; I was interested in all of the key issues, even if these were only raised by one individual.

Table 4 Round One Themes

Theme
Referral to the University Fitness to Practise Panel
Recognising the boundaries
University objectives vs professional requirements
Subjectivity vs objectivity
Mechanisms for student support
Theory-practice divide
Expectations of students
Student self-awareness
Learning from mistakes

There was some overlap of themes but issues had been expressed in different ways, for example university objectives versus professional requirements indicated tensions between the academic and professional requirements. This overlapped to some extent with the theory-practice divide where differences were identified in how cases were dealt with. However, as the context of the issue was different I decided to keep all nine themes rather than reduce the number of themes, as this may have resulted in the loss of the key issue that was being expressed.

Theme 1 - Referral to the University Fitness to Practise Panel

The results from each vignette indicate that there were considerable differences in opinion regarding whether or not to refer a student to the University FtP panel. However, a number of possible reasons for this were identified from the responses given (table 5).

Table 5: Decisions regarding whether or not to refer to the University FtP panel

Vignette	Refer to FtP panel	Do not refer to FtP panel	Possible Reasons
1	37%	63%	Majority chose not to refer largely because it was academic misconduct rather than practice related and participants indicated that university policy did not usually refer academic misconduct directly to FtP panels.
2	89%	11%	Majority felt that a professional line had been crossed requiring referral. Some identified that they would await the outcome of the police investigation before referral.
3	78%	22%	Majority felt that the seriousness of the misconduct required referral but that the panel would take into account the mitigation. Some felt that the misconduct was so serious that mitigation should not be considered.
4	48%	52%	Differences in opinion regarding whether or not the student should be referred to the University FtP panel where mitigation would be considered or whether referral to a local FtP panel was more appropriate due to the circumstances. Concern also expressed regarding the mental health of the student. The context of the situation, therefore, was identified as important in this vignette.

The majority of the comments related to this theme were provided in the Additional Information section of the round one questionnaire. Participants identified that determining good character is very difficult and is probably the biggest challenge within the FtP process:

"problems in determining and interpreting in a consistent and fair manner the terms: 'sufficiently good'. It is really hard to assess character" (Additional D8 (D followed by a number refers to the participant code))

"Often difficult to decide course of action despite processes in place due to individual circumstances"(Additional D21)

"It is very difficult to determine good character through a fitness to practice panel"
(Additional D27)

In view of this, participants suggested that decisions should not be made by one person but should be made by a panel/group of people consisting of a range of stakeholders, as discussion within this context can impact upon and alter individual perspectives:

"Suggest that this is not a one person decision"(Additional D28)

"Decision making by panel with input from constituent parties is a good one"
(Additional D11)

"The process of discussion and considering the case from varying perspectives can alter initial impressions"(Additional D11)

From other comments received in relation to specific vignettes, a range of stakeholders was taken to mean that the voices of both academics and practitioners should be heard:

"Practice would also have major concerns regarding this action by a student"
(Vignette (V) 3 D14)

"the views of practice partners are important to reflect how the student is performing on placement when making decisions"(Additional D10)

"I am in discussion with Academic Registrar as ... there is no Trust rep at an Academic Offences panel" (Additional D30)

After considering all responses the following statement was constructed to provoke the participants to think critically about referral to the University FtP panel in round two:

Statement: Automatic referral of any pre-registration nursing or midwifery student suspected of professional misconduct is the only means to ensure parity of decision making.

Theme 2 - Recognising the boundaries

Vignette two prompted numerous comments in relation to crossing professional boundaries and breaching the Code: Professional standards of practice and behaviour for nurses and midwives (NMC, 2015a).

"over stepped boundaries - breached The Code"(V (Vignette) 2),D12)

"An important determinant of good character is the individual's commitment to, and compliance with, The Code"(Additional, D8)

"She has breached the Code in relation to maintaining clear professional boundaries"(V2, D22)

"The main worry is her lack of understanding of her responsibilities and accountabilities with relation to her actions: how these have breached the Code" (V2, D5)

A few references to breaching the Code were also made in relation to vignette three but the context of the situation was more readily acknowledged and appeared to be more acceptable to participants than the context of vignette two:

"Whilst one can feel extremely sorry for the situation Michael has found himself in, it is a clear breach of the Code"(V3, D17)

"the student had passed and everything was complete except for the signature of the final interview page the student had not fraudulently claimed to have passed when all outcomes were not met"(V3, D11)

"In light of his previous unblemished record I would suggest ... a written warning" (V3, D32)

No references were made to the Code in vignettes one or four. Some participants felt that the professional requirements for students were the same as for registered practitioners, whereas other participants acknowledged the student's stage on the course.

Following a review of all data, the following statement was constructed to provoke the participants to think critically about the boundaries for students in round two:

Statement: It is unreasonable to expect pre-registration nursing and midwifery students to comply with a code, in its entirety, which is directed at professional registrants.

Theme 3 - University objectives vs professional requirements

Round one feedback suggested that university objectives, such as providing a good student experience, were sometimes at odds with professional requirements and that decisions were sometimes made without any consideration of professional issues, e.g. student appeals. It was suggested that this might be exacerbated by quality monitoring targets, such as progression and completion rates, which do not take account of professional reasons for discontinuation from a programme. However, although a tension with this was identified some participants did not consider that there was a conflict:

"University appeal panel do not understand how good character is a professional and patient safety issue and not a student experience issue"(Additional, D1)

"Occasionally the Professional requirements clash with the University initiatives. An example of this is being monitored for completion, satisfaction rates and attrition by the University and having to make professional considerations which may skew these figures"(Additional, D26)

"Universities are interested in retention and completion but not at the expense of compromising the health, safety and wellbeing of the public"(Additional, D8)

Following a review of all feedback, the following statement was constructed to provoke the participants to think critically about the tensions between university and professional requirements in round two:

Statement: In situations where a tension may arise between them, professional requirements should always take precedence over university quality monitoring metrics in determining whether or not pre-registration nursing and midwifery students should leave the programme.

Theme 4 - Subjectivity vs objectivity

Round one responses suggested that making decisions about good character was not easy. Some participants found the subjective nature of this process difficult and would prefer more guidance to assist them in determining good character whilst other participants identified the use of common sense as the most appropriate approach.

"Developing some guiding principles to assist in what is good character, as very subjective and vague, it can be treated in either a lax or punitive way" (Additional, D28)

"A good common sense approach is needed" (Additional, D12)

Within all vignettes some participants took account of the context of the situation, which generally stemmed from subjective information. However, other participants took the view that utilising the subjective information when considering good character could result in inconsistent decision-making and should not be considered. In some situations the decision of whether or not to take into account the context of the situation depended upon the view of the participant in relation to the seriousness of the misconduct. However, differences in opinion were also evident in this area; for example, in vignette three the student's dishonesty was viewed by some as completely unacceptable and incompatible with the profession:

"I would view this as gross misconduct. He has been fraudulent in his actions in falsifying his own fitness to practice, and would be seen as untrustworthy" (V3, D22)

"This is an issue of honesty and integrity which the student has admitted ... In my experience this is likely to lead to student withdrawal" (V3, D30)

"This is a serious and a criminal offence and therefore I would not sign a declaration of good character for such a student they would be failed and discontinued" (V3, D2)

Whereas other participants were more lenient, particularly where remorse and reflection were evident:

"Extenuating circumstances. Remorseful. No concerns regarding practice and would have passed"(V3, D18)

"Would have passed. Reflection showed understanding and remorse. Made a mistake. No previous concerns"(V3, D21)

"There is clear evidence of remorse and admission of guilt, with some mitigating factors"(V3, D32)

Based upon a review of all feedback, the following statement was constructed to provoke the participants to think critically about objectivity and subjectivity in round two:

Statement: Complete objectivity as a basis for fitness to practise is a reductionist understanding of contemporary professional practice in healthcare.

Theme 5 - Mechanisms for student support

In response to certain vignettes in round one, it was felt that decision making in FtP cases could be negatively influenced by a student's failure to access the support available to them. It was seen as a student's responsibility to know or find out about these support mechanisms.

"There are mechanisms in place to support her (mitigating circumstances) however, she failed to use them"(V1, D4)

"It is the student's responsibility to be cognisant with the university student handbook and the NMC code of conduct"(Additional, D19)

"she had had meetings but not disclosed, there are also student support staff she could have contacted, she did not request any extensions"(V1, D16)

However, responses to other vignettes, with different personal circumstances, suggested mitigating circumstances should be taken into account and the student referred on to other support services.

"We have a duty of care to her to ensure that there are not other factors outside of her control which are impacting on her and for which she needs support"(V1, D33)

"A supportive response to the student would perhaps be more helpful"(V1, D1)

"needs to be signposted to student support"(D5, V3)

For some participants the seriousness of the mitigating circumstances seemed to influence the decision making process, with more serious mitigating circumstances warranting more leniency; for example, the mitigating circumstances in vignette four prompted a higher level of understanding from participants even though it was acknowledged that the misconduct was serious in itself:

"I would not refer on because although he has broken the law there are mitigating circumstances"(V4, D21)

"Whilst there are strong mitigating circumstances in this case indicating the need for other forms of support e.g. counselling, given the serious nature of the offence I would like the evidence reviewed by a Fitness to Practice committee"(V4, D32)

The fact that the student had been open and honest about receiving a police caution was identified as evidence of good character and none of the participants indicated that the student would be discontinued from the course.

Based upon a review of the data the following statement was constructed to provoke the participants to think critically about consideration of mitigating circumstances in round two:

Statement: The severity of the mitigating circumstances should be allowed to influence the decision making process when considering the good character of pre-registration student nurses and midwives.

Theme 6 - Theory-practice divide

The feedback from round one indicated a perceived difference in the decision making process when honesty and integrity were called into question in the academic arena

compared with the practice arena. Academic honesty and integrity was sometimes identified as different to professional honesty and integrity.

"This would fall into academic integrity and not a fitness to practice issue" (V1, D28)

"Without a fitness to practise panel these concerns about honesty would not be tested" (V1, D5)

"As a first offence this would not require fitness to practice" (V1, D18)

"The boundaries between academic offences e.g. Plagiarism and Fitness to Practise can be muddy" (Additional, D30)

It was also identified that the composition of academic misconduct panels did not generally include practice representation, although FtP panels did.

"For second offences this becomes FtP, and Trust representation, as on all panels, would enhance the process" (Additional, D30)

"There is no Trust rep at an Academic Offences panel" (Additional, D30)

This raised the question of whether theory and practice are treated differently and/or separately. The following statement was constructed to provoke the participants to think critically about the effect of having two panels: academic and professional misconduct in round two:

Statement: Having two separate university panels (academic misconduct and fitness to practise) could be seen to privilege academic performance over fitness to practise concerns.

Theme 7 - Expectations of students

Feedback from round one indicated that some participants would take account of the stage of development of the student on the programme, with first year students being treated more leniently than third year students:

"Interestingly if he had been in his first year I would have made a different decision"(V3, D26)

"All incidences need to be examined in light of a student's position on the programme (i.e. senior or junior)"(Additional, D5)

"Junior students are less versed in 'professionalism' and so may be more forgiven for unprofessional behaviour so long as they can learn from actions" (Additional, D5)

However, there were indications that some participants felt that all students should be treated in the same way as a registered nurse:

"Treat the same as a RN who would be allowed to work"(V4, D12)

"expectations are the same for students as registered practitioners" (V3, D30)

"I would apply a penalty that was the same as a RN"(V4, D10)

The following statement was constructed to provoke the participants to think critically about whether the students' stage of development on the course is relevant in FtP decisions in round two:

Statement: Pre-registration nursing and midwifery students' stage of development (year on the programme) is irrelevant in fitness to practise decisions relating to good character.

Theme 8 - Student self-awareness

In round one participants indicated that numerous factors would be considered relating to student self-awareness of the problem when making a decision about good character. In particular the honesty and integrity of the student in self-disclosing a problem and evidence of remorse was deemed as positive, which was most evident in the feedback related to vignette four:

"demonstrates honesty and integrity"(V4, D26)

"Disclosed the situation immediately" (V4, D22)

"Level of insight or understanding of the implications of her actions... this may provide a certain level of confidence in learning from experience and the future actions" (V1, D11)

"Accepted responsibility for his actions and had openly disclosed" (V4, D11)

"remorse and admission of guilt" (V3, D32)

However, any lack of insight or deliberate deception seemed to indicate that there was no way of knowing whether or not the student would do something similar or worse in the future.

"Directly linked with professional practice. Failure to acknowledge or understand the wrong doing is concerning. How will the student move forward and not repeat the offence if she does not accept that she has done wrong" (V2, D11)

"failed to own up to a breach when confronted this compounds the worry about honesty (V1, D5)

"Lying rather than be honest and open about problems is a worrying sign of how he might handle similar difficulties in the future" (V3, D16)

The following statement was constructed to provoke the participants to think critically about student self-awareness in round two.

Statement: Critical self-awareness is the most important component to consider when determining good character.

Theme 9 - Learning from mistakes

There were very few references to learning from mistakes within the vignette feedback. A number of participants in round one accepted that students can learn from their mistakes and that they would want to give students this opportunity wherever possible. It was also felt that student decision making can be improved, coached and taught.

"A person of good character can make poor decisions and decision making can be improved, coached and taught" (Additional, D20)

"People do make mistakes and we can learn from those mistakes and move forward"(Additional, D31)

However, how students might be supported to learn from their mistakes or whether they were supported when their good character has been called into question, remained unclear. The following statement was constructed to provoke the participants to think critically about current supportive mechanisms in round two:

Statement: Lack of a supportive mechanism for ongoing reflective practice, when a student's good character is called into question, is an abdication of responsibility by the profession and academic institution.

4.2.2 DELPHI ROUND TWO FINDINGS

Within the construction of the round two questionnaire themes that may have overlapped were purposefully not grouped together so that participants did not automatically identify them as similar. Only one participant referred to a previous response for one question.

Twenty-seven participants responded to the round one questionnaire and were therefore invited to complete round two along with the two pilot study participants (who had been excluded from round one). Twenty-nine questionnaires were distributed electronically via SurveyMonkey®. Non-responders were sent reminder emails and the closing date was extended to the 29th February 2016 to maximise the response rate. After this date no further communication was made and reasons for non-response were not sought. It was noted that completion rates always increased shortly after a reminder was sent. Twenty-five fully completed questionnaires were returned, indicating a response rate of 86 percent.

The analysis of the data enabled the identification of sub-themes within the original nine themes (table 6).

Table 6: Round Two Themes and Related Sub-themes

Theme	Sub-themes
Referral to the University Fitness to Practise Panel	Factors affecting the parity and consistency of decision making Factors affecting referral Pre-University FtP process
Recognising the boundaries	Complying with the Code The stage that the student is at on the programme Honesty and integrity
University objectives vs professional requirements	Conflict with the university Conflict with practice partners Evidencing professional misconduct
Subjectivity vs objectivity	Considering mitigation and the context of the situation Common-sense
Mechanisms for student support	Risk to public safety The decision making process Mitigating circumstances
Theory-practice divide	Separate panels Outcomes of each committee Involvement of practice partners
Expectations of students	Severity and type of misconduct Learning from mistakes
Student self-awareness	Importance of self-awareness Potential predictor of future practice True self-awareness Developing self-awareness
Learning from mistakes	Type of behaviour Students ability to acknowledge their development needs Types of support available

Some of the statements provoked a strong reaction from the participants; this was most pronounced when the statement did not represent their viewpoint. The use of some controversial statements was intentional, as the statements were intended to challenge participants to critically think about the issues, as recommended by Rowe and Wright (2011).

A pilot study was not undertaken prior to round two due to the time limitation between rounds (as discussed earlier). In hindsight this may have been useful as three participants

did not fully understand the statement related to the theme Referral to the University Fitness to Practise Panel. The title of the theme was displayed and the statement did state that it was related to pre-registration nursing and midwifery students but the three participants stated that they were either not clear which students were being referred or who they were being referred to. All other statements appear to have been understood by participants.

It is unclear whether the lack of researcher interpretation within the feedback reduced the quality of the round three questionnaire, as it may have made it more difficult for participants to make sense of the data or to understand what was being asked of them; some participants gave feedback indicating that they were not sure what some of the verbatim participant feedback statements meant although differences in terminology used by different participants was also identified as problematic. Taken out of context the participant feedback may have resulted in the participants not seeing the full picture and may have affected the results.

A summary of the responses in relation to each theme can be found in the round three questionnaire (appendix 8).

4.2.3 DELPHI ROUND THREE FINDINGS

Twenty-five participants responded to round two and were invited to participate in round three. Non-responders were sent reminder emails and the closing date was extended to the 11th July 2016. Once the extended date for completing the questionnaire had passed no further communication was made and reasons for non-response were not sought. Twenty-two fully completed questionnaires were returned, indicating a response rate of 88 percent for this round with an overall response rate of 67 percent from round one to the completion of round three.

4.2.3i CHANGING FEEDBACK IN DELPHI

In round three of the Delphi the participants were given the opportunity to change their feedback from round two after seeing the feedback from other participants. This data is useful to identify whether or not the social interaction between the participants provided the opportunity to reflect and learn from the feedback of others providing new understanding. Table 7 presents the data from round three which identifies how many participants changed their response for each theme and the reasons for any change.

Table 7: Number of Participants who changed their feedback

(22 participants in round 3)

Theme	Number changed feedback who their	Reasons given for change
1	5 – D8, D16, D28, D29, D30 Of those who said 'No' 9 offered additional information/clarification 2 appeared to reconsider their viewpoint based on the feedback of others D16 and D28	Additional information Clarity of own perspective (one participant did not think that they had read the question correctly in round two) Further consideration after reading comments Elaboration
2	3- D8, D9, D17 Of those who said 'No' 10 offered additional information/clarification 1 softening of perspective D17 D9 – comments did not represent their viewpoint	Additional information Further consideration after reading comments
3	2 – D8, D4 D9 felt their comments were entirely consistent with others 'No' x3 added additional comments	Additional information Clarity of own perspective
4	3 – D8, D11, D4 'No' x5 added additional comments Several were happy	Additional information Correction

	that their comments were consistent with others	
5	4 – D3, D4, D16, D28 D28 had reflected on own response against others D16 view stayed the same just added additional information 'No' x6 added additional information/clarification	Additional information Further consideration after reading comments Changed perspective based upon other participant feedback
6	3 – D16, D30, D31 D16 changed after reflecting on other comments 'No' x3 added info	Additional information Further consideration after reading comments Changed perspective based upon other participant feedback
7	2 – D1, D28 D1 did not change own position but felt comments of others lacked discretion or compassion 'No' x8 added extra info	Additional information Further consideration after reading comments
8	5 D4, D11, D16, D28 D30 'No' x6 added extra info	Additional information Clarity of own perspective
9	5 D4, D8, D16, D30 'No' x5 added extra info	Additional information Amplification of own perspective Clarity of own perspective

Only two of the participants actually changed their perspective on an issue after reflecting upon other participants' feedback. Other changes made tended to provide clarity, offer amplification of a view or softened their position if they felt that they may have been too harsh in their initial assumptions.

Of those participants who did not change their opinion after considering the other participant feedback they generally cited that they were satisfied with their original

response. However, a large proportion of these participants did offer further information or clarification, which was similar to the majority of those who did want to change their viewpoint. This further evidenced that they were reflecting upon the feedback from others and developing their thinking.

The reasons for changes to feedback in relation to theme one (Referral to the University Fitness to Practise Panel) indicated that there was still some confusion regarding this theme:

"I did not always understand what underpinned some comments given but knew my own perspective so kept the same" (R3, T1, D3)

"the question is still not clear" (R3, T1, D23)

"I do not think I read the question correctly" (R3, T1, D29)

There did not seem to be any confusion with the other themes.

Several participants who did choose to change their response indicated that this had been influenced by seeing the participant feedback:

"additional consideration from colleagues in the survey" (R3, T1, D28)

"further consideration on this point" (R3, T7, D28)

"on reflection it may be that in some instances you have to contextualise the mitigation and the seriousness of the concern. This does become a judgement call on best practice" (R3, T5, D28)

"It has been an interesting process allowing for some reflection on FtP panels" (R3, Delphi, D17)

"It has allowed for reflection on the process and looking at other people's point of view" (R3, Delphi, D17)

"Definitely heightened reflectivity and valuable to see other's views in this stage" (R3, Delphi, D20)

Varying additional information was provided by the participants in round three but an analysis of this compared to the data already collected from previous rounds revealed no

new themes. Participants were generally adding additional or clarifying information in support of their own perspective, which had already been provided in round two, or to indicate non-agreement with other participants' comments, for example:

"I still feel that it is imperative that a system is implemented that all students are treated the same"(R3, T1, D12)

"believe that the argument for parity is strong and that this can only be achieved through automatic referral. However, at my organisation we have a lower level panel as part of the FtP process that allows a development plan to be set without going to a full panel. This is useful"(R3, T1, D5)

"strongly disagree that there should be an 'out of formal process'agree to the feasibility of a filter process"(R3, T1, D16)

"Parity of decision making influenced by the severity of the allegations of misconduct would be assisted by the consistent application of fitness to practise processes"(R3, T1, D8)

"I still believe that this {self-awareness} is key to behaviour change. However, I'm not sure if it can be taught. I agree that it is sometimes difficult to know if expressed self-awareness is genuine. Good advocates will support students to express this even if they don't mean it"(R3, T8, D5)

"believe as nurse educators we have a greater role in being these 'supportive' academics"(R3, T9, D4)

This additional information mainly strengthened existing arguments and was considered in the overall analysis.

Following an analysis of those participants who changed their view and the demographic information there did not appear to be any relationship between a changed view and the participant's age, time since qualified as a registrant, number of FtP cases or training received. However, this was probably because there were few differences between the participant population in relation to these factors.

4.3 SECTION TWO - OVERALL FINDINGS AND DISCUSSION

Section two presents an interpretation and critique of the overall findings of this study drawing upon the literature discussed in chapter two to demonstrate where the findings

of this study support or challenge current knowledge and understanding, or present new understanding. The findings are viewed through a social constructionist lens using Foucault's theory of governmentality, as introduced in chapter one, to answer the following research question:

Within the context of the fitness to practise of nursing and midwifery pre-registration students, and from the perspective of the individuals making decisions about students' good character, what do iterative responses to identified dilemmas reveal about the assessment of good character when this is questioned during the course?

The background to this study (see chapter one) presented evidence that increased regulation of the nursing and midwifery professions does not appear to have had the desired effect of reducing the number of FtP cases being presented to the NMC. The literature reviewed in chapter two revealed that there is a dearth of studies related to the assessment of good character. Based upon the findings of this study, Foucault's theory of governmentality has been used as a means of offering a new understanding of the assessment of good character in relation to the FtP of nursing and midwifery students during the pre-registration course.

This section will highlight that the perspectives of the participants, as decision-makers involved in the assessment of good character, are situated within the current professional discourse. The findings suggest that the assessment of good character is determined by the students' ability to enact discursive practices that aim to guide performance and control their behaviour through governmental techniques. Factors used in the assessment of good character are identified and the implications for student learning are discussed along with the potential impact upon the decision-makers and educators working within these processes. It is argued within this thesis that the myth of good character is

presented within the discourse as the good and caring nurse or midwife who abides by the Code, which hides the underlying discursive practices that exist within the discourse to control behaviour through governmental techniques.

The main body of data from the three-round Delphi related to the participants' perspectives regarding the assessment of good character in pre-registration nursing and midwifery students. The findings revealed that the participants in this study carried out a series of steps, not necessarily in a linear fashion, and considered a number of factors to inform their assessment of good character. A diagrammatic representation of the assessment of good character, as determined from the findings of this study and not previously reported in the literature, is presented in diagram 1 and will be discussed further in this section.

The data show that participants did not always agree on the same outcomes for specific scenarios and may not have recognised what they were '*doing*' as part of a process within the assessment of good character. However, all participants understood and held a perspective on the actions identified in the flowchart. The overall analysis of the data identified that in their assessment of good character the participants initially determined whether or not there was a case to answer and whether or not the case was serious enough for referral to the university FtP panel rather than being dealt with locally. In their assessment of seriousness they also considered the context in terms of self-awareness, honesty and integrity, which is discussed in this section in relation to discursive practices which operate within the good character discourse to influence the behaviour of nurses and midwives.

A round by round response rate of at least 70 percent is generally recognised as acceptable in Delphi studies (Keeney, Hasson and McKenna, 2011). The round by round response rate in this study was good:

- Round 1 - 87 percent (27 responded out of 31 (excl. 2 pilot participants))
- Round 2 - 86 percent (25 responded out of 29 (incl. 2 pilot participants))
- Round 3 - 88 percent (22 responded out of 25)

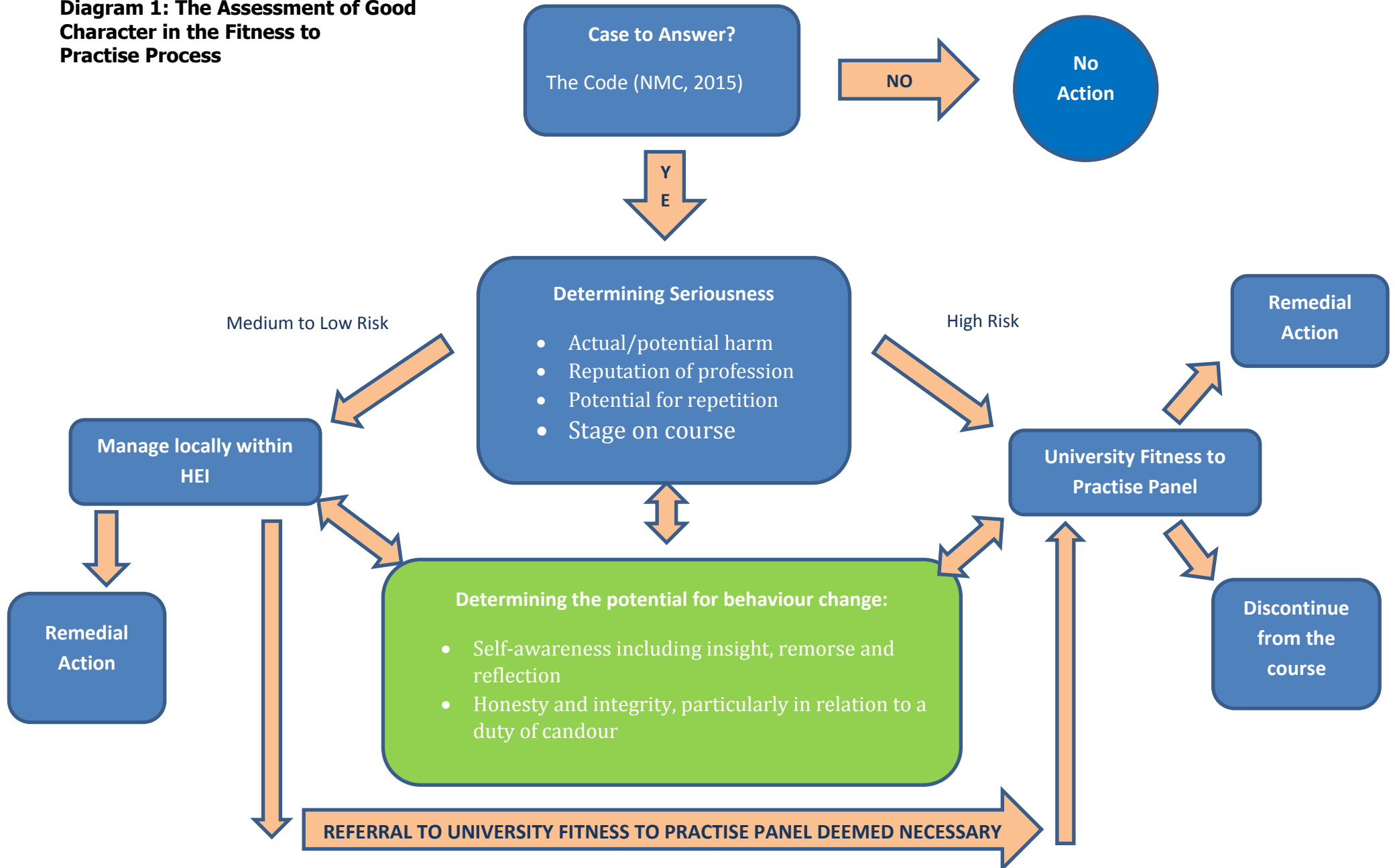
The overall response rate from round one to round three was 67 percent, leaving a final sample size of 22 participants and indicating an overall attrition of 33 percent.

4.3.1 THE ASSESSMENT OF GOOD CHARACTER

Several factors were identified as important in the assessment of good character including:

- the influence of the good character discourse;
- determining seriousness
- the potential for behaviour change;
- and the requirement for ongoing support following a FtP concern.

Diagram 1: The Assessment of Good Character in the Fitness to Practise Process



4.3.1i THE INFLUENCE OF THE GOOD CHARACTER DISCOURSE

Analysis of the overall findings identified that the first stage in the assessment of good character within the FtP process was to determine whether or not there was a case to answer followed by an assessment of whether the case was serious enough for referral to the university FtP panel. The Code was identified as the current main source of the discourse of good character for the participants as FtP decision-makers and the assessment of good character was to a large extent determined in relation to the student's compliance with the Code:

"An important determinant of good character is the individual's commitment to, and compliance with, The Code" (R1, Additional, D8)

"There is clear evidence of poor judgment and not following the code of conduct" (R1, V2, D23)

"She has breached the Code in relation to maintaining clear professional boundaries" (R1, V2, D22)

"the NMC Code sets the standard and clear expectations, so students know what these are" (R2, T2, D10)

"I would suggest using a template to ascertain where the NMC code or uni regs have been breached is the first consideration" (R2, T1, D30)

Use of a professional code in the assessment of fitness to practise is to some extent supported by the literature from other health and social care professions (Barlow and Coleman, 2003; Curren and Atherton, 2008; HCPC, 2014). The identification of the Code as the main discourse of good character was largely unsurprising and confirmed that the participants as decision-makers, and nursing/midwifery registrants, are themselves embedded within the professional discourse and have largely accepted the rules of the Code as *'truth'*. This is in relation to the Foucauldian sense of truth, as emerging systems of knowledge described in chapter two (Foucault, 1972). The Code identifies the expected behavioural norms and as such describes the desired identity that registrants and students must strive to achieve to become good and caring.

Assessing pre-registration students against registrant FtP criteria fails to recognise the unique position of the student as a learner of which there is evidence suggesting that students learn how to behave professionally once they commence a professional course and begin to gain experience and a good knowledge base (Ginsburg *et al*, 2000; Lafrance, Gray and Herbert, 2004; Currer and Atherton, 2008; Rudolfsson and Berggren, 2012; Haycock-Stuart *et al*, 2014; Haycock-Stuart *et al*, 2016). The lack of acknowledgement of the status of the student within the NMC literature was identified in chapter two and could contribute to a general lack of understanding of the concept of good character in relation to students: the NMC advises HEIs to use the registrant Code when determining the good character of students (NMC, 2015a; 2016a). Concerns regarding the use of the registrant Code for determining student character were evidenced by participants in this study through the desire for clearer criteria for determining good character:

"I do believe there can be criteria which are created to enable some smooth transition of this process." (R2, T1, D28)

"this is complex a complex decision making process and PSRB guidance regarding 'good health/ character' for students needs urgent attention to specific criteria" (R2, T5, D3)

However, other respondents challenged the need for further guidance related to good character:

"'Contemporary professional life' is a complex problem not easily defined by an algorithm" (R2, T4, D3)

"The context of a situation is relevant. I am not sure what further guidance on Good Character would help" (R2, T4, D18)

"It's the consultation process that mitigates against this, rather than a check list of criteria, which will always be open to some interpretation" (R2, T4, D10)

The current NMC FtP guidance was approved in October 2015 so it is unclear how many of the participants were aware of this when completing the Delphi rounds between January

and June 2016. None of the participants referred to this information in their feedback although some did refer to the now archived student code (NMC, 2011) and the archived guidance for approved educational institutions (NMC, 2010a). Others indicated that they knew that the student code was no longer available but included pleas for the NMC to bring this back because they did not believe that the registrant Code adequately reflected issues relevant to students:

"Bring back the NMC student guidance is my plea!" (R2, T2, D14)

"the student code should be similar in nature" (R2, T2, D4)

"I feel that a proportionate approach is by having a student code, students are learning to be a professional and this needs to be reflected in the documents" (R2, T2, D30)

"I feel there is a need for a much improved student code so this can more usefully be used as a benchmark to inform decisions about student conduct" (R3, T2, D11)

Many of the participants as educators in this study wanted to, and within the scenarios presented did, take into account the students' stage on the course, which is supported by other studies (Johnstone and Kanitsaki, 2005; Haycock-Stuart *et al*, 2014). The NMC does state in its registrant guidance that the context of the situation should be taken into account when determining good character but this guidance is in relation to the registrant rather than the student as a learner (NMC, 2015b).

Overall the majority of participants in this study felt that, although it was appropriate to use the registrant code, concessions should be made for the student's stage on the course with more leniencies shown towards junior students who were deemed to be still learning:

"All incidences need to be examined in light of a student's position on the programme (i.e. senior or junior)" (R1, AI, D5)

"Students should follow the Code at all times and this is continuously reinforced in theory and practice. However, they are not registrants and must be noted that they are still learning and may make mistakes" (R2, T2, D21)

"It does however need to be remembered that these are learners and as such they should be able to make mistakes and learn from them" (R2, T2, D13)

"the extent to which we expect learners who are after all developing the knowledge, competence and behaviours to become registrants may not always meet the threshold of complying with a code, in its entirety due to naivety, lack of experience and understanding" (R2, T2, D30)

"This may mean that in principle the code applies to students but its interpretation and the fullness of compliance should take into account the position at which a student is on the programme" (R2, T2, D9)

"It is not so much whether they should comply but whether they face the same level of scrutiny and potential punishment if they breach the code" (R2, T2, D1)

Although demonstrating leniency towards students was seen by one participant as a weakness of the FtP process:

"we often see 'bad' behaviour come back to a FtP where leniency was shown earlier on in the course and yet we do not learn from our mistakes.." R2, T7, D12

When asked directly in round two whether a student's stage of development (year on the programme) is irrelevant in fitness to practise decisions relating to good character the responses were split almost 50:50 (48% agreeing and 52% disagreeing). Of those who agreed with this statement, honesty and being of the '*right character*' were cited as reasons for this:

"you are working with students who are on a transformational programme. However for a number of reasons there are some issues around honesty and integrity and so on which are necessary requirements of a nurse/midwife and are part and parcel of being a responsible professional" (R2, T2, D28).

"I feel this is a high expectation. Some aspects of the code and its adherence have to be learned, others such as honesty and integrity are an inherent characteristic that may be deliberately breached" (R2, T2, D14).

"I come back to the point that some types of behaviour would be treated the same regardless of the stage of training, for example physical assault of a service user" (R2, T7, D11)

"there is no mitigation for failure to demonstrate good character" (R2, T5, D2)

"I would refer you to the reverse of the NMC 2015 Code document and the concluding statement of page two of the Code which says "for everyone who cares about good nursing and midwifery" (R2, T2, D8).

"honesty, compassion, respect should be there from day one" (R2, T7, D28)

"if they do not have the right character now, they never will" (R2, T7, D27)

"issues of honesty, such as theft, safeguarding/abuse of patients/falsification of records/concealment of drug errors etc. would be the same no matter what stage of training" (R2, T7, D29)

"I do find that some negative character traits are impossible to rectify" (R3, T7, D5)

The psychology literature suggests that referring to characteristics of people rather than behaviours promotes objectification of character by separating the person according to norm or deviance and does not provide a basis for predicting future behaviour (Ginsburg *et al*, 2000). Objectification in relation to the good character requirement is compounded by the Code's inclusion of a moralistic discourse referring to honest and caring nurses and midwives rather than honest or caring behaviours. A moralistic discourse is not a feature of other UK professional codes (GPhC, 2010; GDC, 2016; GMC, 2016; HCPC, 2016).

Moralistic determinations of good character are based upon a 'common' moral construct of what is deemed to be good or bad and may reflect different norms for different individuals at different periods in time. The objectification of character makes it difficult to assess character consistently and is likely to promote inconsistencies in the implementation of FtP policies and procedures, of which there is already substantial evidence (Aldridge, Bray and David, 2009; Unsworth, 2011; Boak, Mitchell and Moore, 2012; Keogh, 2013b; Haycock-Stuart *et al*, 2014; Maclaren *et al*, 2015). It is also suggested that referring to characteristics in relation to the person rather than behaviours promotes essentialist notions of a fixed self (Ginsburg *et al*, 2000). Within the findings of this study there was some evidence that the objectification of character had resulted in perceptions of fixed character traits but there was also evidence that some participants were unsure whether character was fixed or learnt, which suggests some confusion potentially caused by the use of the term 'character'.

"Just because they are learning, does not mean they should not be professional. If a student in the army got into trouble - they would be sacked. why is it so different for nursing? If they do not have the right character now, they never will" (R2, T7, D27)

"We are left with the question of whether a 'good' character is learnt behaviour and therefore can be taught during the course" (R2, T7, D12)

"if you believe that character traits can be learnt behaviours.....then who should take the responsibility for coaching a 'good' character? The truth is that mentors are expected to show by example and the students to follow" (R2, T9, D12)

The discourse of the Code presents an illusion (myth) of the concept of good character, namely if nursing and midwifery registrants and students abide by the Code they will be good nurses or midwives who care. The myth appears as a natural and self-evident assumption, creating fear through a moralistic discourse (Barthes, 1973); in this case the fear of not being a good and caring nurse/midwife or of being labelled as having a bad character. However, the myth is the story that the professions and society tell themselves and conceals the underlying meaning which relates to the operation of power relations through discursive practices within the Code aimed at controlling behaviour (Barthes, 1973; Foucault, 1991).

The evidence from this study suggests that the current moralistic discourse of '*good character*' may not be useful for determining a student's FtP or the potential for behaviour change. It is suggested that instead of focussing upon '*good character*' the NMC FtP process could more usefully focus upon conduct and performance in accordance with other UK statutory and professional bodies (GPhC, 2010; GDC, 2016; GMC, 2016; HCPC, 2016). Such an approach denies the existence of an essential being and, within the confines of what is already known, gives the individual the '*freedom*' to '*choose*' their desired identity through self-government. This approach could have a more effective influence upon behaviour than the current moralistic FtP discourse (McNamee, 2013; Gergen 2015).

The lack of NMC student guidance may have contributed to the different interpretations of the factors to consider in the assessment of good character expressed in this study, particularly in relation to whether the student's stage on the course should be considered.

The lack of student guidance from the professional body could contribute to inconsistent FtP decision-making and is in contrast to other professional bodies who readily acknowledge the student status in their FtP guidance (GPhC, 2010; GDC, 2016; GMC, 2016; HCPC, 2016). The full effect of not recognising the student status within the assessment of good character was not explored specifically in this study and is an area where further research is required.

Whilst the FtP decision-makers in this study recognised the Code as the main point of reference for determining good character, the research evidence suggests that students and practice mentors may not have the same understanding (Haycock-Stuart *et al*, 2016). This has implications for the prevention of FtP issues because students may not recognise when their conduct is questionable or when to self-report FtP issues. This may subsequently result in failure of the student to demonstrate honesty and integrity from the perspective of the decision-makers in the FtP process. Haycock-Stuart *et al's* (2016) study suggests that current teaching in relation to the Code and FtP is not necessarily being understood by students in the way that it is intended by educators or required by the profession. If FtP decision-makers are to make fair and consistent decisions, more research is needed to gain insight into students' understanding of the assessment of good character. This knowledge would enable educators to introduce effective educational strategies that support student self-governance and are more likely to contribute to a reduction in the number of registrant FtP cases in the future.

A further implication of the NMC's failure to acknowledge the status of the student in FtP policy and process makes it difficult for FtP decision-makers to consider the *unready* rather than the *unsuitable* student, for which distinctions have been identified in the literature for other professions (Lafrance, Gray and Herbert, 2004; Brear and Dorrian, 2010). Having permission from the NMC to consider the student's stage on the course, and the unready student, would enable the student to be considered differently to the registrant and may offer the opportunity for alternative outcomes, such as a suspension from studies rather

than exclusion. Suspension from studies could provide an opportunity for the student to reflect upon what has happened, possibly gain some additional work experience and decide whether being a nurse or midwife is actually their desired identity. Based upon Foucault's (1997) premise of a game, if the student returns after a period of suspension they may be more committed to '*performing within the rules of the game*' and, therefore, more likely to succeed in achieving their desired identity as a registered nurse or midwife. As discussed in chapter two, the exercise of freedom guides the individual to operate within technologies of the self to achieve the desired identity by behaving in accordance with the prevailing discourse. Operating within technologies of the self promotes an internalisation of the discourse of freedom, which guides the individual to exercise power upon the self when making decisions (Foucault, 1982) and is a more effective means of effecting behaviour change.

4.3.1ii DETERMINING SERIOUSNESS

Determining the seriousness of the conduct was identified as a key component of the assessment of good character by participants in this study, as this determined what further action was necessary:

"We are ultimately responsible for ensuring that the public are not subjected to practitioners with low integrity that could put them at harm" (R1, AI, D19)

"Incidences that are a 'one-off' are less likely to indicate a serious problem with good character" (R1, AI, D5)

"There is no immediate risk to the public" (R1, V4, D22)

"behaviour which would bring the profession into disrepute or damage the credibility of the profession" (R1, V3, D8)

"it's about weighing up the degree of likely harm likely to occur" (R2, T5, D10)

"I think if we could all think straight and ask how the behaviour would affect the public and let that be the guiding principle we would achieve reasonable outcomes" (R2, T5, D19)

"As a third year student he should be demonstrating a high level of autonomy and be able to cope with a level of pressure in the work place, this incident calls into question his integrity and decision making" (R1, V3, D1)

"He is a third year student: at this point in the programme he should clearly understand that his actions are not compatible with entry onto the register" (R1, V3, D16)

"As he is in his first year, he has time to learn his actions provide a high level of confidence about professional behaviour" (R1, V4, D11)

"He is also very new. FtP at this stage would not help him" (V4, D33)

Seriousness appeared to be measured using a risk-based approach to consider any actual or potential harm caused, any repetition of behaviour, the potential for future harm if the misconduct were repeated and the student's stage on the course. A risk-based approach to determining seriousness has been confirmed in previous publications and some of the factors identified in diagram 1 have been reported in various publications but not all factors have been reported in any one study nor within an overarching assessment framework, as presented here (Barlow and Coleman, 2003; Ginsburg, Regehr and Lingard, 2004; Johnstone and Kanitsaki, 2005; CHRE, 2008; Currer and Atherton, 2008; Stevens *et al*, 2010; Haycock-Stuart *et al*, 2014; NMC, 2015b).

If the misconduct was deemed too serious, participants stated that other contextual or mitigating factors would have little influence upon the decision to refer the student to the FtP panel, which has previously been identified in the literature (Haycock-Stuart *et al*, 2014):

"there is no mitigation for failure to demonstrate good character" (R2, T5, D2)

"mitigating factors are appropriate to sometimes consider. In some circumstances such as dishonesty/ falsifying documents/theft then this is not relevant as potentially may impact upon patients" (R2, T5, D14)

"It is actually the action/behaviour that is being investigated regardless of what led to that behaviour" (R2, T5, D19)

"Even if there are mitigating circumstances, students fundamentally know what is right or wrong" (R2, T5, D27)

"in certain circumstances the mitigating circumstances would not be sufficient to change the outcome of the case" (R2, T5, D17)

However, further review of the feedback from the round one vignettes suggested that the participants were not always aware of what influenced their assessment of good character.

For example, the perception of honesty and integrity (as discussed earlier) appeared to be an absolute measure of good character amongst some participants but was not always borne out in their decisions regarding FtP in relation to specific scenarios presented in the vignettes. For example, when presented with a scenario where dishonesty was the main factor the participants appeared to be significantly influenced by the context of the situation rather than the conduct itself. The participants seemed unaware of the extent to which they took into account the context of the situation in the vignettes and also seemed unaware or unconcerned with the way in which they used moralistic determinations of good character in their decision-making.

In particular, two of the vignettes (two and three) were based around the honesty and integrity of the students; vignette two related to a student accessing confidential information from a deceased patient's records to contact a relative and develop a personal relationship. Vignette three related to a third year student who forged his mentor's signature on his final practice assessment document because his mentor was off sick and he needed to submit his document on time so that he could complete the course (see appendix six for more detail regarding the vignettes used). There was little difference between the responses to the vignettes in relation to the decision to refer to the university FtP panel because both misconducts were deemed very serious by the participants. However, due to the contextual circumstances, the language used by the participants in response to vignette three was very different to vignette two. In vignette two the student was identified as "*bringing the profession into disrepute*" through a "*clear breach of the Code*", offering "*little insight*" and "*no remorse*". In vignette two, although the behaviour was identified as fraudulent and required consideration by the FtP panel, comments referred to an "*error of judgement*" and an "*unfortunate case*".

What the findings seem to suggest is that, even though the seriousness of the misconduct was deemed as more important than contextual and mitigating circumstances by the

participants when asked directly, determining the level of seriousness was not straightforward. It was influenced by other contextual factors, including moral beliefs regarding what is right or wrong and the student's stage on the course, adding further complexity to the decision making process.

Although this specific finding in relation to the decision-makers' understanding of their assessment of good character has not been reported previously in the literature, the complexity of the FtP decision-making process and the need to consider a range of factors to build a picture of the student when determining good character is supported elsewhere in the literature (Johnstone and Kanitsaki, 2005; Currer and Atherton, 2008; Stevens *et al*, 2010; Haycock-Stuart *et al*, 2014).

4.3.1iii THE POTENTIAL FOR BEHAVIOUR CHANGE

The findings from this study have identified that determining the potential for behaviour change was a key criteria for determining the seriousness of the conduct. More specifically and not previously reported in the literature the participants in this study expected students to demonstrate that they were able to operate within technologies of the self based upon discursive practices within the Code. The ability of the student to undertake discursive practices related to the demonstration of self-awareness through insight, reflection and remorse, and honesty and integrity through self-surveillance in relation to a duty of candour. The ability to undertake these discursive practices appeared to demonstrate the students' potential for future behaviour change. What is not clear from this study, but has implications for future student behaviour, is how well students are educated to be self-governing and to undertake these discursive practices. More research is needed if the number of FtP cases being presented to the NMC is to reduce in the future.

4.3.1iiiia DUTY OF CANDOUR

A duty of candour was highlighted in chapter two as a discursive practice aimed at controlling the behaviour of registrants through self-surveillance. In this study an assessment of the student's potential for behaviour changed was based upon the student's ability to demonstrate honesty and integrity through a duty of candour. This was particularly evident in the findings from the vignettes in round one:

"she has failed to own up to a breach when confronted, this compounds the worry about honesty" (R1, V1, D5)

"his actions were dishonest and therefore need to be viewed at a panel meeting" (R1, V3, D28)

"to forge a signature and comments rather than be honest and open about problems is a worrying sign of how he might handle similar difficulties in the future" (R1, V3, D16)

"He has reported his behaviour very quickly to both the uni and the placement" (R1, V4, D33)

"has disclosed the situation immediately to his personal tutor so has been open and honest" (R1, V4, D22)

"attended University straight away to report the situation which demonstrates honesty and integrity" (R1, V4, D26)

"The student has accepted responsibility for his actions and had openly disclosed" (R1, V4, D11)

In later rounds honesty and integrity were specifically linked to the requirements of the Code or the likelihood that the student would repeat the misconduct:

"There are aspects within the 'Code' which relate to good character - honesty, trustworthiness, aware of limitations (patient safety), integrity" (R2, T2, D31)

"I think students can adhere to the code.... With reference to honesty, respect and confidentiality these should be evident from day one" (R2, T2, D26)

"there are some issues around honesty and integrity and so on which are necessary requirements of a nurse/ midwife and are part and parcel of being a responsible professional" (R2, T2, D28)

"Some aspects of the code and its adherence have to be learned, others such as honesty and integrity are an inherent characteristic" (R2, T2, D14)

"Repeated dishonesty is a concern as I would see this as a future risk potentially"
(R2, T5, D10)

Self-surveillance promotes technologies of the self, which empower individuals to control their own behaviour to achieve their desired identity and is identified as more positive and more effective form of behaviour control in comparison to technologies of power (Ferlie, McGivern and FitzGerald, 2012; Martin and Learmonth, 2012; Martin *et al*, 2013).

Honesty, as a factor to take into account when assessing good character, is a key component of the NMC discourse (NMC, 2015a; 2015b, 2016a) and has been reported in the FtP research literature (Ginsburg, Regehr and Lingard, 2004; Currer and Atherton, 2008; Haycock-Stuart *et al*, 2014). However, a contribution to new knowledge in this area is that honesty has not been discussed in the literature in relation to the professional duty of candour, as presented in the Code (NMC, 2015a).

4.3.1iii **SELF-AWARENESS**

Evidence of critical self-awareness also appeared to be used as a potential predictor of future practice with those demonstrating self-awareness deemed less likely to repeat the misconduct:

"If students cannot see the problem with the issues that have been raised this raises serious safety and professional concerns" (R2, T8, D1)

"It (self-awareness) may not be the most important but it is certainly very important, as it may indicate whether there is likely to be a recurrence of the problem" (R2, T8, D5)

"I agree this is really important, as it is likely to influence future practice. Nonetheless, if something is so serious that it is harmful to patients or the reputation it may be that self awareness is not enough to mitigate" (R2, T8, D10)

"I agree this (self-awareness) is really important, as it is likely to influence future practice" (R2, T8, D10)

"Yes - I always feel that those staff who do not have increased self-awareness for their actions and omissions are the most dangerous of them all" (R2, T8, D27)

"No it is the whole package that needs to be considered a murderer can have critical self-awareness but must still pay the penalty for the crime" (R2, T8, D19)

"if the student lacked self awareness it would be concerning as the likelihood to repeat the mistake would be high. This may then put the public at risk" (R2, T8, D3)

"It's (self-awareness) one of many components to consider when determining good character" (R2, T8, D30)

Some participants stated that it was difficult to determine whether or not true self-awareness was present because it is impossible to know whether the student is just saying what is expected of them and some participants questioned whether or not a written reflection could truly evidence self-awareness:

"The self awareness ought to be genuine (as much as can be determined)" (R2, T8, D29)

"It is not just about saying the right thing but also doing the right thing in response to the aspects of their character which are being challenged" (R2, T8, D8)

"I feel this is very difficult to gauge if this is true from someone's written testimony especially as often the person may just be stating what they feel we want to hear" (R2, T8, D21)

"We do not have the benefit of knowing if it is actual self-awareness or a good performance. Some students take so much advice prior to the hearing that they have learnt their lines off rote, with no understanding of the meaning and they may take no further action following a panel outcome" (R2, T8, D12)

"I also agree that it is not necessarily about just saying the right thing - doing the right thing is also important, but even more difficult to make a judgement about whether what is said is meant/felt" (R3, T8, D20)

Some participants stated that self-awareness developed throughout the programme and can be taught:

"Self awareness is important to determine good character but I believe this is linked to the notion of professionalism and is something which therefore develops throughout the programme" (R2, T8, D9)

"Self-awareness can be taught and strengthened with indicators pointed out to the student and an action plan for specific reflection agreed with the student" (R2, T8, D20)

Self-awareness appeared to relate to the student's ability to demonstrate insight, which was frequently cited as an important factor in the assessment of good character in response to the vignettes in round one and was further supported in round two:

"It is not apparent from the history above the level of insight or understanding of the implications of her actions, and these are important factors to consider as this may provide a certain level of confidence in learning from experience and the future actions" (R1, V1, D11)

"The student has offered little insight (before or after) into the professional risks (of) her actions" (R1, V2, D1)

"The main worry is her lack of understanding of her responsibilities and accountabilities with relation to her actions: how these have breached the Code" (R1, V2, D5)

"The reaction of the student does seem to demonstrate insight into wrong doing and whilst circumstances should not drive one to inappropriate actions, exclusion would seem harsh in such circumstances" (R1, V3, D11)

"he has shown insight into his actions and seems to have mitigating circumstances" (R1, V3, D33)

"Evidence of the student's insight and understanding of the issues, concerns or problems and their attempts to remediate their conduct and behaviour is a crucial part of the student's critical self-awareness" (R2, T8, D8)

"It is important to be able to consider if the person has an insight and understanding of the implications of their actions and whether they have learnt from their actions" (R2, T8, D21)

Interestingly, in response to the vignettes in round one, if a student failed to seek support in relation to mitigating circumstances affecting their performance, this was deemed to reflect a lack of self-awareness in terms of insight and the participants appeared to be less willing to take the mitigating circumstances into account, which has not previously been reported in the literature:

"There are mechanisms in place to support her (mitigating circumstances) however, she failed to use them" (R1, V1, D4)

"she had had meetings but not disclosed, there are also student support staff she could have contacted" (R1, V1, D16)

"I think as 3rd year student, the knowledge around additional support would be well known. There are a range of support staff to assist in such circumstances and so I

would view his argument as weak" (R1, V3, D10) "mitigation is not of a concern especially if the support systems have been well signposted" (R2, T5, D23)

"Would add that the weighting of any mitigation must also include any proven remedial actions the student took to reduce the mitigation" (R3, T5, D16)

4.3.1iii REFLECTION AND REMORSE

Participants in this study repeatedly referred to the discursive practice of reflection as a means of determining whether or not the student was able to demonstrate insight and learn from the situation:

"Certainly the student's ability to be critically reflective of the situation with clear ideas of what actions are to be implemented to safe guard and prevent a similar situation from occurring again should play a dominant feature" (R2, T8, D30)

"I think she should write a personal reflection" (R1, V1, D29)

"Reflection is a tenet of revalidation and held in regard by the profession, it should always be supported alongside any other appropriate sanction" (R3, T9, D16)

"If reflection is thought to assist in remediation then it is crucial and should be supported" (R2, T9, D5)

"I would expect a reflection on the situation" (R2, T9, D3)

"she could write a piece of reflection to demonstrate the learning" (R1, V2, D29)

"Students must be taught how to reflect upon their actions, which is an essential mechanism for revalidation" (R2, T9, D27)

However, it was acknowledged that this may not be appropriate in some circumstances and that students may not necessarily have enough education and support to reflect effectively:

"however reflection may not be enough in the case of a near miss" (R3, T9, D26)

"I believe in the importance of reflection, but a lack of resources makes this difficult to deliver for our students. I would love to have more time to develop skills of reflection. A reflective culture needs to be embedded in theory and practice settings" (R3, T9, D5)

Within this study demonstrating insight and learning from the situation was also frequently associated with the student's ability to express remorse:

"He has shown insight and remorse" (R1, V4, D33)

"has recognised his mistake and has been open and honest about the situation. He has already learned from his error and is remorseful" (R1, V4, D17)

"Remorseful..... Admitted the incident voluntarily" (R1, V4, D18)

"clear evidence of remorse and admission of guilt, with some mitigating factors" (R1, V3, D32)

"He understands that he should not have done it and has shown remorse" (R1, V3, D29)

"Reflection showed understanding and remorse" (R1, V3, D21)

"he was very remorseful and sorry for what he had done. He explained the situation without trying to cover it up" (R1, V3, D27)

"Evidence of remorse and understanding of the professional issues" (R1, V2, D18)

One of the vignettes presented in round one indicated that the student was remorseful but the actual reasons for his transgression focussed wholly on his personal circumstances with no evidence that he understood the consequences of his behaviour, suggesting ontological rather than epistemological reflection. Interestingly in this example participants appeared to place value on any expression of remorse or reflection and were generally more lenient in their decision-making as a result:

"clear evidence of remorse and admission of guilt, with some mitigating factors" (R1, V3, D32)

"He understands that he should not have done it and has shown remorse" (R1, V3, D29)

Evidence of remorse, or lack of it, appeared to be used as a predictor of future behaviour, which has been confirmed by previous studies (Johnstone and Kanitsaki, 2005; Stevens *et al*, 2010). However, in the consideration of remorse by the participants there was no evidence to suggest that they differentiated between shame and guilt or that they looked for epistemological rather than ontological reflection, as suggested in the literature (Rolfe and Gardner, 2006; Bandes, 2016; Tangney, Stuewig and Hafez, 2011). A lack of understanding

of remorse based upon guilt or shame, or the difference between epistemological and ontological reflection may affect the assessment of good character. Ontological reflection and remorse based on shame may not be an effective means of determining a student's ability to be self-governing (Rolfe and Gardner, 2006; Bandes, 2016; Tangney, Stuewig and Hafez, 2011), particularly in relation to future behaviour and risk of repetition. This has implications for the education of FtP decision-makers, as there was no evidence that reflection and remorse were discussed within any FtP training, although this was not specifically asked in the study. The detail regarding what participants in this study expected in relation to reflection and remorse was not explored further in this study and is an area where further research is required if the assessment of good character is to be fair and consistent.

A further concern was that the participants did not always have confidence in the expression of remorse by students who appeared to just be saying what they thought the participants wanted to hear:

"I am still wary when students claim to have learnt from their mistakes it is such a throwaway line. How do I really know if they are remorseful and will act differently in the same situation" (R2, T8, D12)

"There is remorse at being found out" (R2, T8, D26)

"The severity of the concerns raised about the student's conduct and / or behaviour together with any expressed remorse may assist the decisions made as to whether remediation is possible" (R3, T9, D8)

This suggests that students were sometimes suspected of being docile bodies (Rolfe and Gardner, 2006; Merriam, Cafarella and Baumgartner, 2007), which may have been as a result of the operation of disciplinary power within the FtP process. Disciplinary power could have been operating as a result of students perceiving the FtP process as punitive, which was not explored in this study but has been reported previously in the literature (Haycock-Stuart *et al*, 2016). Processes that are perceived as punitive promote fear and conformity to

the professional norms merely to avoid a penalty and are more likely to result in students becoming rule-followers (Armstrong, 2015). The existence of docile bodies could prevent any lasting behaviour change (Foucault, 1991; Fejes, 2008), which is a concern as the participants in this study were using the presence of remorse to determine the likelihood of repetition of behaviour.

However, rather than being docile bodies, it is also important to recognise that students who have not been given the opportunity to develop the skill of epistemological reflection during the course, or are less academically skilled, may be disadvantaged as they may find it difficult to evidence the good character requirements within the FtP process. Further research is needed to determine how students learn from reflection when their character is called into question if it is to be used effectively as a means of assessing good character and as an indicator of likely repetition of behaviour.

The NMC FtP guidance for registrants (NMC, 2015b) does indicate the importance of reflection within any assessment of good character but does not identify remorse as a factor for consideration. Reflection was mentioned briefly in some of the research literature considered in chapter two (Johnstone and Kanitsaki, 2005; Haycock-Stuart *et al*, 2014) and remorse has been reported in two studies (Johnstone and Kanitsaki, 2005; Stevens *et al*, 2008). However, the importance of reflection and remorse in the assessment of good character is not reported in the literature to the extent that its importance was identified in this study and is, therefore, a unique finding.

4.3.2 ONGOING SUPPORT FOLLOWING FTP CONCERNS

The majority of participants felt that students could learn from their mistakes, which was linked to demonstrating evidence of self-awareness. However, this was balanced against the seriousness of the misconduct in terms of the risk to the public of repetition of behaviour:

"Everyone can make a mistake Different matter if repeated" (R1, V4, D30)

"people do make mistakes and we can learn from those mistakes and move forward" (R1, AI, D31)

"I continue to see students at different stages in their education who learn from their mistakes, grow up and go on to become very good registered nurses. They learn from their mistakes, demonstrate resilience and reflection and more often than not succeed" (R3, T7, D13)

"A university should always be balanced and proportionate and offer opportunities if possible. A supportive learning environment that accepts mistakes is one where a student can grow. Even if a student has committed a grave error then they need support and guidance to try to help them for the future. Some will respond; others will not. Not to support a student is unacceptable and incompatible with our own code and regulations" (R3, T9, D30)

"they make mistakes but it is what they learn from that mistake which is important" (R2, T7, D13)

"Professionalism is a developing concept over the duration of the programme. We also need to remember that students need to be able to make mistakes and learn from them. We need to encourage this to ensure that we do not develop individuals who are not transparent and cover up any mistakes" (R2, T7, D9)

"yes we all should learn by our mistakes and near misses. But that has to be mitigated by the harm caused in the incident and the risk assessment of future repetition of behaviours in question" (R2, T8, D29)

There was overwhelming agreement that more needs to be done to enable students to develop their behaviour and practice through interventions such as ongoing reflection or coaching when their character has been called into question. However, the participants identified that this needed to be properly supported. Some participants indicated that their HEI did provide continuous monitoring and support following a FtP concern. However, others acknowledged that more needed to be done to support ongoing reflective practice if reflection is to influence behaviour change and prevent further concerns being raised:

"Fostering a reflective approach on practice is a fundamental component of the support a student receives both from the academic institution and its practice partners. Students engage in reflection as part of their programme studies in my institution as a fundamental component of the programme. Students are required to produce additional reflections where their fitness to practise has raised concerns about either their conduct or behaviour and this, when necessary, would be woven into the support the student receives from their personal tutor and programme leader" (R2, T9, D8)

"If reflection is thought to assist in remediation then it is crucial and should be supported" (R2, T9, D5)

"Reflective practice is a skill which develops over time. Most universities spend a good deal of time on encouraging and supporting reflection amongst students both informally and through formal summative assessment" (R2, T9, D9)

"I believe in the importance of reflection, but a lack of resources makes this difficult to deliver for our students. I would love to have more time to develop skills of reflection. A reflective culture needs to be embedded in theory and practice settings" (R3, T9, D5)

"I think it is probably true that we have a responsibility in these cases to offer support and coaching in order to enhance performance" (R2, T9, D2)

If a student was allowed to continue on the course the data revealed that there were varying practices in terms of student follow-up: from nothing in some HEIs, unless a further misconduct occurred, to putting all FtP students on a monitored action/behaviour plan. Feedback from the participants in this study indicated that the latter option of a monitored action/behaviour plan evidenced through ongoing reflection and possible coaching was preferable. In general, preventing students from breaching the Code and remedial action following a breach was identified in terms of teaching students to be self-aware:

"I agree, more needs to be done on an on-going basis but also specific interventions perhaps at a less serious level to support development- coaching for example" (R2, T9, D10)

"There should be more support available for ongoing reflection, improving decision making and professionalism" (R2, T9, D21)

The PT (personal tutor) should be accountable for guiding/signposting the student for on-going support. However this does not happen in practice" (R2, T9, D17)

"It is essential that on- going support is given to the student. I would expect a reflection on the situation, an action plan and then to meet with the student at a later date to discuss the progress being made. The university has a responsibility to the student and to the public to ensure that the student has learned from his/her mistake and be reassured that the student would behave differently in future" (R2, T9, D3)

"By far the most prevalent sanction issued at a fitness to practise hearing is the implementation of an action plan. Action plans have the scope to include a multitude of actions ranging from follow-up meetings and monitoring with appropriate individuals (university and practice) as well as the opportunity to reflect on the incident through many differing formats – discussions, use of reflective diary, visiting a NMC hearing" (R2, T9, D30)

"If an institution is prepared to take a risk then a possible follow up or a behaviour contract needs agreement and timely review" (R2, T9, D14)

"we (academic institution) have a responsibility to support students to develop professionalism, which can be achieved through on-going reflective practice" (R2, T9, D11)

A unique finding of this study was that the provision of formal follow-up following a FtP concern did not occur in some HEIs and the nature of any follow-up has not been discussed in the literature. Haycock-Stuart *et al* (2014) and MacLaren *et al* (2015) identify stages to the FtP process, finishing with the university FtP committee hearing and the importance of supporting students through the FtP process is also acknowledged in the literature (Jomeen *et al*, 2008; MacLaren *et al*, 2015). However, the university FtP committee hearing may not result in discontinuation from the course and the literature does not identify a process or requirement for any formal follow up to ensure that students understand what is expected of them to meet the FtP requirements if they are allowed to continue on the course. A lack of formal follow-up could impact upon whether or not there is any lasting change in a student's behaviour, which may result in future FtP concerns either as a student or registrant.

This study identifies that ongoing reflection and coaching should be considered as formal follow-up following a FtP concern. However, more research is needed to determine whether such follow-up would be effective in positively influencing future behaviour change.

4.4 SECTION THREE: THE ITERATIVE RESEARCH PROCESS

The Delphi approach used in this study enabled me to challenge the participants' assumptions, values and beliefs through a socially interactive process that did not involve face-to-face interaction and could accommodate a social constructionist perspective. The iterative rounds of the Delphi allowed time for the participants to reflect upon their

responses, which I felt was important in terms of developing their understanding of the assessment of good character.

A wholly qualitative iterative Delphi approach has not been previously reported in the literature. This unique modified approach provided an opportunity to create the social interaction in which knowledge and understanding is formed within a social constructionist perspective and, therefore, opened up the possibility for a new understanding of this subject area. This approach was evaluated in relation to the participants' experience to add to the evidence base regarding the use of the Delphi method. A short questionnaire was included at the end of round three (appendix 8) and the findings are presented here.

The modified qualitative Delphi approach was expressed as enjoyable, interesting, engaging and user friendly by the participants in this study, which potentially contributed towards the reasonable response rate. It is acknowledged that the participants' enjoyment of using the Delphi approach could have been due to the participants' interest in the topic rather than the Delphi approach per se, as proposed by the literature (Keeney, Hasson and McKenna, 2011). However, the feedback received from participants indicates that the qualitative iterative nature of the study, which included the opportunity to see qualitative feedback from other participants in all rounds, may have also contributed to this finding:

"seemed to ask a range of objective questions to develop a debate effectively" (R3, DP (Delphi Process), D1)

"I have enjoyed participating in this process. The scenarios were good to focus thinking about FFP" (R3, DP, D11)

"It is good and thought provoking" (R3, DP, D26)

"well structured and user friendly for busy respondents" (R3, DP, D16)

"Seems very efficient. Nice to use reliable technology (have not experienced any issues with the portal), email reminders were useful" (R3, DP, D29)

One participant felt disengaged with the process, as he/she was unable to identify any of his/her quotes:

"None of my quotes emerged so it was a constant feeling of interpreting the data given by others. Thus I felt disengaged from peer group whoever they may be"(R3, DP, D3)

At least one quote had been included from each participant in each questionnaire, as recommended by Scheele (1975), and participants were provided with their round two feedback in round three to consider alongside the other feedback. However, this particular participant did not seem able to identify common viewpoints and felt disengaged. This participant stated that she had received FtP training but when asked to provide the detail of the training received she stated that she did not understand the question and gave an extended response to what she perceived as FtP (see appendix 9). The response indicated that she did not fully understand the current NMC requirements for FtP but was basing her practice upon life-long experiences in nurse education. It is not clear whether this lack of understanding influenced her ability to engage in the Delphi process. Other participants liked being able to review their own comments and consider them within the context of other participant views:

"Really liked it. I was able to review my previous comments, as well as seeing data from other participants"(R3, DP, D4)

"It is comprehensive and interesting to have the opportunity to read others thoughts, beliefs and feelings."(R3, DP, D31)

"I have enjoyed completing this survey, it has come at a time when we have been reviewing our University and Faculty FtP and good character policy and procedures"(R3, DP, D13)

One participant identified that different terminology and processes within individual HEIs may have resulted in different interpretations, which could have affected the quality of the data collected and made analysis of the data difficult at times:

"It is possible that participants will have experienced different processes/systems so when referring to particular panels, these may not have the same status or functions in all organisations" (R3, DP, D11)

I had also found this problematic on occasion when analysing the feedback in each round, as different HEIs sometimes have different terminology for different stages of the FtP process.

Several participants indicated that it would have been useful to discuss some of the issues in more depth, which has previously been identified in the Delphi literature (Hasson, Keeney and McKenna, 2000):

"Good method of acquiring data – however some of the issues warrant discussion" (R3, DP, D12)

"It has been useful to see others' arguments and has made me want to debate this further" (R3, DP, D5)

Participants also articulated the benefits of receiving feedback from other participants, which is identified within the literature as one of the key benefits of the Delphi approach (Hasson, Keeney and McKenna, 2000):

"very thought provoking, specifically this last exercise where a sample of previous responses is available to challenge initial thoughts" (R3, DP, D16)

"It is comprehensive and interesting to have the opportunity to read others thoughts beliefs and feelings ...Reflecting on others' comments did make me reconsider some of my replies but also demonstrates how individuals interpret the questions and replies - quite diverse" (R3, DP, D31)

"It was helpful to have the thoughts from others in making the decision" (R3, DP, D28)

An extensive search of the literature revealed no other studies that adopted a wholly qualitative iterative approach to the Delphi. The findings from this study suggest that it is precisely this approach that fostered reflection and the consideration of a variety of factors

that influence the assessment of good character amongst the participants. Thirty-eight percent of the participants stated that participating in this modified-Delphi study would influence future face-to-face interaction in the FtP process:

29% answered 'Don't know'

33% answered 'No'

38% answered 'Yes'

Some of the participants in this study were very confident that they were doing the right thing and did not feel that they needed to reconsider their current practices because they relied on the Code as their main reference point or had been involved in NMC registrant FtP procedures. The participant group in this study was homogenous, which made it difficult to identify any evidence that the level of expertise or confidence in relation to FtP was a factor in a reluctance to change opinion in this study, as has been suggested in the literature (Rowe, Wright and McColl, 2005); participants who indicated changes to their feedback also evidenced confidence and expertise:

"I am not aware that I have developed my thinking on the process ...The professional code of practice will be a relevant deciding factor in the process as opposed to the Delphi study"(R3, DP, D19)

"Valued seeing other responses, probably not changed my views very much though ... Many years of experience have taught me that what you see may not be what has happened, my mantra is always 'let's find out the facts and then decide upon the next step"(R3, DP, D30)

"I think my views were pretty well formed prior to starting this study so I don't think the study itself has affected this"(R3, DP, D1)

"As someone who has 8 years' experience of being a panellist on NMC Conduct and Competence Panels I have fairly clear view on this process and I think that they have been heavily shaped by the formal NMC processes rather than any other experience"(R3, DP, D9)

However, failure to reconsider their own practices could suggest that some participants were embedded in the professional discourse and as such were unable or unwilling to question

the 'truth' of the good character discourse, as presented by the professional body. This perspective maintains the position of power for FtP decision-makers, which could promote repressive practices for guiding student and registrant behaviour. The literature identifies that the involvement of lay people and/or students in FtP decision-making may be appropriate way of challenging repressive perspectives (Brockbank, David and Patel, 2011; Haycock-Stuart *et al*, 2014) promoting a fairer FtP process and is an area for further exploration.

Participants who stated that the modified-Delphi study would influence future face-to-face interaction in the FtP process indicated a willingness to reflect and learn from the feedback of others and that this could have the potential to influence their future practice:

"It is helpful to take some time to consider these matters away from the reality of the situations encountered in day to day practice ... Being involved in this Delphi study is likely; consciously and sub-consciously, to influence my subsequent face-to-face interaction in fitness to practise processes within my institution otherwise I am not sure why I would ever engage in any form of reflection. How it will do so remains to be seen."(R3, DP, D8)

"The questions have really made me think about how difficult it is to make objective decisions and that it must be reasonably certain that the student is guilty but not beyond all reasonable doubt ... Will make me think more deeply when making decisions"(R3, DP, D13)

"probably take a more measured view"(R3, DP, D16)

"The study coincided with a FtP hearing that I had instigated – it reassured me that I was doing the right thing!! ... It has allowed for reflection on the process and looking at other people's point of view"(R3, DP, D17)

"In all regards this has made me reconsider my decisions and role ... Definitely heightened reflectivity and valuable to see other's views in this stage 3"(R3, DP, D20)

"Made me more aware of different ways of looking at the problem and different answers and solutions being available ... I think it has helped me to identify some aspects of our own process that would benefit from review/greater clarification"(R3, DP, D21)

As an iterative qualitative process it is suggested that the Delphi approach adopted could potentially be a useful tool in the preparation of FtP decision-makers. Such a tool would

enable them to consider FtP vignettes or cases and consider perspectives in the assessment of good character, something that was not identified as a component of current FtP preparation for the majority of the participants in this study.

4.5 SUMMARY

This findings from this study highlight that the perspectives of the participants, as decision-makers involved in the assessment of good character, is situated within the current professional discourse, which appears to have been accepted as truth. The professional moralistic discourse of good character is presented as 'myth', hiding the underlying power relations aimed at controlling behaviour. Factors used in the assessment of good character have been discussed and new knowledge is presented in relation to the assessment of a student's potential for behaviour change, witnessed in this study through an assessment of good character based upon the student's ability to enact discursive practices that aim to guide performance and control behaviour through governmental techniques.

Finally, the design of this study created a space for social interaction to occur between the participants where they were able to create meaning and understanding associated with their assessment of good character. The findings have identified how the iterative process of the wholly qualitative modified Delphi approach utilised in this study offered the participants an opportunity for reflexivity.

The following chapter will present this study's contribution to knowledge and implications for practice, policy, education/training and future research.

CHAPTER FIVE: CONTRIBUTION TO KNOWLEDGE AND IMPLICATIONS FOR PRACTICE

5.1 INTRODUCTION

This chapter will present the contribution to knowledge that this study has made, acknowledge the study's strengths and limitations and identify the implications for future research, practice, education/training and policy. The research question proposed was as follows:

Within the context of the fitness to practise of nursing and midwifery pre-registration students, and from the perspective of the individuals making decisions about students' good character, what do iterative responses to identified dilemmas reveal about the assessment of good character when this is questioned during the course?

Through an iterative process this study sought to explore the factors influencing the assessment of good character of pre-registration nursing and midwifery students from the perspective of the participants as decision-makers within the HEI FtP processes. A social constructionist lens was used to analyse and discuss the findings from this study offering an alternative understanding of the good character requirement, which contributes to the body of knowledge relating to the assessment of good character in pre-registration nursing and midwifery students in the UK. The contributions to the body of knowledge regarding the assessment of good character of student nurses and midwives in the context of FtP are presented below. The unique use of a wholly qualitative approach used with Delphi methodology is also presented in this chapter.

5.2 ORIGINAL CONTRIBUTIONS TO KNOWLEDGE

This study contributes to new knowledge in relation to the assessment of good character in nursing and midwifery pre-registration students and in relation to the methodological

approaches employed in this study. A lack of research in this area has the potential for a lack of fairness, transparency and rigour in relation to the assessment of good character, which may result in a failure to maintain public protection, trust and confidence in the professions.

My original contributions to knowledge are identified as follows:

- **First original contribution:** The assessment of good character in pre-registration nursing and midwifery students included an assessment of the students' ability to operate within technologies of the self, based upon discursive practices within the Code.

The discursive practices identified in this study related to the students' ability to demonstrate

- self-awareness through reflection and remorse
- and honesty and integrity through a duty of candour.

Technologies of the self are identified as a better means of affecting behaviour change compared to technologies of power because they rely on the individual controlling their own behaviour to achieve a desired identity, in this case a good and caring nurse or midwife. Promoting technologies of the self is, therefore, a positive means of preventing future FtP concerns.

- **Second original contribution:** If the students were perceived as successfully demonstrating a duty of candour and self-awareness through reflection, the participants appeared more willing to believe that the students were able to control their future behaviour and conform to the professional requirements.
- **Third original contribution:** Assessing the potential for behaviour change through an assessment of the students' ability to operate within technologies of the self, based upon discursive practices within the Code, suggests that students were being

assessed upon their *performance* and their ability to *learn how to be good*, rather than any fixed notions of good character.

- **Fourth original contribution:** The effectiveness of the assessment of the students' ability to demonstrate technologies of the self appeared to be compromised by the objectification of character as good or bad and the assessment of self-awareness through evidence of remorse.
- **Fifth original contribution:** The participants seemed unaware that they were assessing the student's ability to operate within the discursive practices of the Code. Rather, they appeared to have accepted the moralistic discourse of good character, which presents the myth in terms of the good and caring professional who abides by the Code. In this study, perception of character as an immovable entity sometimes resulted in participants being unable to recognise a student's capacity to change, particularly when honesty and integrity was questioned. Moralistic perceptions of a fixed character will limit the effectiveness of an assessment of technologies of the self in relation to the student's potential for behaviour change, as moral perspectives reflect different norms for different individuals at different periods in time. In addition to this, an inability to acknowledge that the student can learn and change their behaviour may result in inconsistent or unfair FtP decision-making.
- **Sixth original contribution:** A further new finding contributing to the body of knowledge was that reflection that evidences remorse was also a significant factor in the assessment of a student's potential for behaviour change. However, it was not clear whether the participants in this study differentiated between ontological and epistemological reflection or remorse based upon guilt or shame. Ontological reflection and remorse conflated with shame have the potential to reduce the effectiveness of technologies of the self, which could reduce the possibility of persistent behaviour change.

- **Seventh original contribution:** The lack of student recognition within NMC publications related to the good character requirement is identified as a cause for concern in the findings of this study and has not been reported elsewhere. The professional body provides guidance for registrant FtP and HEIs are expected to adapt this guidance to the learner situation. However, the discord between the student's status as a learner and the professional discourse could explain why some participants were unable to conceptualise good character and wanted additional criteria. An inability to conceptualise good character in relation to students may result in inconsistent and/or unfair practices between HEIs and may not assist in preventing future FtP concerns amongst registrants.
- **Eighth original contribution:** A further contribution to knowledge in relation to good character is that the participants in this study identified that there was no specific process for ongoing support and follow-up in the development of students' performance following FtP concerns. The findings suggested that there was substantial variation in relation to the quality and quantity of support offered by different HEIs.
- **Ninth original contribution:** This study utilised a wholly qualitative modified Delphi within a social constructionist theoretical perspective which to my knowledge is unique and has not been used as a methodological process previously. The findings from the study suggest that it is precisely the qualitative iterative approach that enabled social interaction within an asynchronous conversation to generate new knowledge relating to the good character requirement. The findings suggest that for many of the participants the opportunity to see other participant feedback within an iterative process enabled reflection and reflexivity to take place and has the potential to influence the participants' future practice within the FtP process. These findings have not been reported previously within the literature.

- **Tenth original contribution:** The evaluation of the participants' experience of participating in a Delphi study provides a further unique contribution to new knowledge. The majority of participants seemed to find the qualitative iterative process of the modified Delphi enjoyable, interesting, engaging and user friendly. The asynchronous nature of the online Delphi allowed participants an opportunity to reflect and consider their responses in relation to the qualitative feedback before responding. The iterative process appeared to confirm and reassure some participants that what they were thinking and doing was similar to other participants. The iterative process, which included other participant qualitative feedback in all rounds, also appeared to prompt participants to reconsider their current perspective on good character, even if they did not change their perspective, thereby promoting reflexivity.

5.3 METHODOLOGICAL CONSIDERATIONS

Using a reflexive approach throughout this study has enabled me to understand how my previous experiences and perspectives have influenced the decisions that I made in carrying out this research. Over time my understanding has improved, through the process of reflexivity, which has added to the trustworthiness of this study enabling me to identify the strengths, limitations and what I would do differently if I were to undertake this research again. These considerations are detailed below.

5.3.1 STRENGTHS

The modified Delphi approach facilitated an online asynchronous discussion, which had some advantages for the participants and for me, as the researcher. The online asynchronous discussion meant that participants could make their voice heard without fear of embarrassment or undue pressure from other participants, which may have occurred in a face-to-face situation (Yousuf, 2007). The participants also valued the convenience of being able to complete each round at a time to suit them. Whilst focus groups or interviews could

have been used for rounds two or three, as specific cases were not being considered, this may have reduced some of the advantages of the online method. Face-to-face data collection may have inhibited some participant responses, as I knew some of them as colleagues. However, there is no way of knowing whether their responses were inhibited anyway, as they knew that their responses were not anonymous to me, as the researcher.

The use of the vignettes as part of the modified Delphi approach in this study was extremely useful for discerning initial understandings of what constituted good character. Subsequently, the iterative process of the Delphi provided a safe place for participants to consider and question their own understanding, values and beliefs in relation to others. Given the often moral and ethical dimensions of FtP cases, this would appear to be a useful exercise to undertake when preparing individuals for the FtP decision-making role.

The innovative use of qualitative feedback in all rounds and the use of vignettes in round one enabled in-depth discussion from the participants regarding their perspectives. Very few Delphi studies have been identified that used qualitative feedback in all rounds and those that were identified also included quantitative feedback, so were not purely qualitative (Brady, 2015; Fletcher and Marchildon, 2014).

The online method of data collection facilitated the sampling of participants from a wide geographical area, which assisted in keeping the time resource costs and restraints of the study down. SurveyMonkey® enabled the fast, efficient collation of results for analysis although some problems with coding of participants between rounds were noted as time-consuming. However, it was much faster than having to transcribe focus groups and interviews. A disadvantage of this, in terms of qualitative research, is that it may have been more difficult to become immersed in the data; having to transcribe data can help to ensure a deeper understanding (Holloway and Wheeler, 2010).

5.3.2 LIMITATIONS

As with any qualitative study purposive and snowball sampling may be considered a weakness, as it may affect the findings and is not representative of the population (Holloway and Wheeler, 2010). However, generalisability of the findings was not being sought in this study, only transferability of findings to similar settings is appropriate due to the qualitative methodology employed (Polit and Beck, 2017). Purposive sampling within qualitative research is an appropriate sampling method and was, therefore, appropriate for this study.

The iterative process of the Delphi approach meant that measures had to be taken to optimise the response rate. Despite these measures the overall attrition from round one to round three was 33 percent, which may have affected the findings. This overall response rate of 67 percent was just below the 70 percent identified by Hasson, Keeney and McKenna (2000). However, there is a lack of guidance within the literature regarding an acceptable response rate, which may be different for consensus seeking Delphi in comparison to a purely qualitative non-consensus seeking Delphi, as in this study. It is not clear whether Hasson, Keeney and McKenna were referring to consensus or non-consensus Delphi or whether a difference should be identified. From a qualitative social constructionist perspective, all participant perspectives are important to consider and as I was not seeking consensus it would not have influenced that outcome. However, it may have influenced the quality and breadth of findings, as other participants may have had different perspectives.

I could have followed up non-respondents by telephone to try to encourage continued engagement, but I felt that this had to be balanced against their right not to continue with the study if they did not want to. Some respondents were known to me and personal contact with them may have put undue pressure on them to respond, which I wanted to avoid.

This study did not specifically set out to identify whether the characteristics of FtP panel members influenced decision-making. However, I did look at this in relation to the demographic data collected. Unfortunately meaningful use of the demographic data collected in round one was not possible as the low numbers of midwifery academics and practitioners that took part in the study meant there could be no meaningful analysis of the content of the answers against the professional groupings. In terms of age, the majority of the participants were in the 45+ age range, qualifying as practitioners pre-1990 and had a significant amount of experience in FtP cases.

A limitation of the findings of this study is that very few nurses or midwives from the practice setting engaged in the study, which may have affected the quality of the findings of this study as practitioners may have given a different perspective. Unfortunately there was no way of finding out which practitioners were involved in HEI FtP processes other than through the HEI, which made recruitment of practitioner participants difficult.

As part of the methodological considerations I decided not to invite the pilot participants to participate in the round one data collection, as I did not want to cause participant fatigue through the need to participate in four rounds. However, the vignettes in round one were different to the pilot study, which could have affected the data collected. Upon reflection I should have invited the pilot study participants to participate in all three rounds and would do this differently if I were to use this approach in future.

There was evidence in the participant feedback that theme one (Referral to the University Fitness to Practise Panel), in rounds two and three, caused confusion for some participants when trying to interpret the views of others because they were not sure whether they were comparing like with like. It is not clear whether this was due to the way that the statement was worded or due to the variations in FtP terminology used by the participants in the qualitative controlled feedback. The online data collection tool may have limited the

participants' ability to clarify their understanding, which may have affected their responses to some themes. Some of the participants also identified that they would have liked to consider some of the statements in more depth through face to face discussion. A final round four focus group may have enabled clarification of understanding and more in-depth discussion to be undertaken to further develop the findings of this study.

In round two I had included some researcher analytical feedback, but I did not do the same in round three due to the length of the questionnaire. This may have also affected understanding and in hindsight I believe that it would have been better to include some researcher analytical feedback in round three to assist in the participants' understanding of the themes and the other participant feedback.

The inability to clarify understanding is a general weakness of written methods of data collection (Gerrish and Lacy, 2006) and was considered but the value of the Delphi in this regard was the iterative process, which allowed participants the opportunity to modify their responses if they had previously misunderstood information. Undertaking a pilot study before each round could have helped to identify any problems associated with understanding (Clibbens, Walters and Baird, 2012). However, this was not undertaken due to time constraints and the desire to maintain participant motivation with good response rates.

The interpretive nature of the analysis of the round one data and the subsequent generation of the statements undoubtedly influenced the participant discussion in rounds two and three. This must be acknowledged as researcher influence. One of the key limitations identified with this study is that I failed to recognise the significance of reflection and remorse in the analysis of the round one data and, therefore, failed to identify it specifically within the statements in rounds two or three. I had identified it as part of the theme related to self-awareness in the round two and three questionnaires. However, upon reflection it is

clear that I had been influenced by the literature in which self-awareness seemed to be the most important factor to consider. The concentration on self-awareness with no reference to reflection or remorse in the statements resulted in little further discussion on this really important finding. It was only in the overall analysis of the findings of all three rounds that I recognised the importance or remorse within reflection, which resulted in a missed opportunity to pursue this further within the study. The addition of a round four focus group to explore and discuss the overall analysis would have benefitted this study by providing an opportunity for more in-depth discussion on some of the key issues raised, such as remorse and reflection.

5.4 IMPLICATIONS FOR PRACTICE

A lack of understanding of the micro-level operation of technologies of power has been identified as one of the limitations of Foucault's theories (Martin *et al*, 2013). This study seeks to contribute to this gap in knowledge by presenting an understanding of the micro-level operation of governmentality in relation to the assessment of good character. The new knowledge gained from this study can be used to understand how discursive practices influence the assessment of good character in pre-registration students to determine the students' potential for behaviour change.

At the macro level this knowledge enables us to explore the actions of the decision-makers in the assessment of good character, which provides an opportunity to take action for change. The implications for practice detailed below suggest potential actions for change that could contribute to more effective measures for preventing and dealing with behavioural concerns in the nursing and midwifery pre-registration student population. This is identified as important for promoting fairness, transparency and rigour in relation to the assessment of good character, which may assist in maintaining public protection, trust and confidence in the professions in the future.

A number of implications for practice, policy, education/training and future research are identified as follows:

1. This study has shown how the assessment of good character, when this is called into question during the pre-registration nursing or midwifery course, includes an assessment of the student's ability to operate within technologies of the self in relation to discursive practices within the Code aimed at controlling behaviour. The alternative understanding of good character presented here has implications for educators both in terms of the prevention of FtP concerns through appropriate education of students and in terms of improving the consistency and fairness of future FtP decision-making processes.

This study has also highlighted that further research is needed from the student perspective in relation to the effects of governmentality upon student behaviour when demonstrating their continued fitness to practise and when this is called into question. What is not clear and was not explored in this study is whether students understand that their ability to be self-governing is the criteria against which their good character is being assessed.

It is unclear how effectively students are educated to be self-governing, particularly in relation to epistemological reflection and an emphasis upon remorse based on guilt rather than shame. Educating students to undertake epistemological reflection, which is more likely to affect future behaviour change, could help to prevent future FtP concerns both in the student and the registrant population.

2. The findings of this study did not identify whether the participants understood and differentiated between ontological and epistemological reflection or whether they considered remorse conflated with shame as acceptable evidence of self-awareness and the potential for behaviour change. A further implication, therefore, is that educating FtP decision-makers to understand the benefits of epistemological

reflection and remorse based upon guilt rather than shame, could assist in promoting fair and consistent assessment of good character thereby promoting public protection.

3. This study identified that the participants, as registrants themselves, were embedded in the professional discourse of good character, which they had come to accept as truth. The findings from this study question the use of the term '*good character*' within FtP policy and process due to the moralistic discourse that promotes notions of a fixed character and makes it more difficult for FtP decision-makers to consider the student's stage on the course. Use of an alternative term that is not based upon moralistic essentialist assumptions may enable FtP decision-makers to focus upon the performance of the student and their ability to learn how to be good through the operation of technologies of the self. A non-essentialist approach to FtP that focusses upon technologies of the self has the potential to improve the quality and consistency of FtP decision-making and to positively influence future behaviour thereby reducing the number of FtP referrals in the future.

It is further recommended that HEIs consider the inclusion of lay-people and possibly students in FtP decision-making processes, which may assist in challenging some of the taken-for-granted assumptions that occur as a result of internalisation of the good character discourse.

4. The full effect of not recognising the student's position as a learner within FtP guidance was not explored specifically in this study. However, this study did identify that the lack of recognition of the student status within professional guidance may result in FtP decision-makers finding it difficult to understand how the registrant guidance applies fairly and consistently to students. Identifying the student in this process could enable decision-makers involved in the assessment of good character to understand how the professional Code relates specifically to students, which could

promote greater consistency and fairness within the FtP decision-making process. It may also enable students to identify how the FtP processes apply specifically to them, supporting the prevention of FtP issues in the future.

Further research is required to understand the full impact of the lack of recognition of the student within professional body guidance relating to the assessment of good character within the FtP process, both from the decision-makers perspective and from the student's perspective.

5. Further research is required in relation to ongoing student support following FtP claims. The participants in this study overwhelmingly agreed that there should be a period of ongoing support for those students who are allowed to continue on the course following a FtP concern. An additional stage to the FtP process offering support and coaching that enables the student to operate self-governing practices is more likely to positively influence future behaviour change and, therefore, mitigate against future behavioural concerns. Research relating to identification of the unready, rather than the unsuitable, student may also contribute to fairer decision-making practices within the FtP process.
6. The findings from this study suggest that some of the participants were operating ineffective, repressive practices based upon moralistic determinations of character, which were supported by the presentation of the myth of good character in the discourse. Failure to identify and take action to prevent repressive practices could contribute to a continued failure to protect the public from future misconducts. It is suggested that all decision-makers involved in the assessment of good character should receive adequate preparation for the role, which should include the opportunity to consider their own understanding of good character in relation to others' and to be challenged in relation to taken-for-granted assumptions.

Assumptions could be further challenged by the inclusion of lay people and/or students within this preparation.

7. Finally, further research is required in relation to the potential different understandings of the assessment of good character between nurses and midwives working in practice and nursing and midwifery academics working in HEIs. Both parties contribute towards the assessment of good character in the HEI FtP processes but it was not possible to explore the extent of their differing perspectives in this study due to the limited number of participants recruited from practice.

5.5 OVERALL CONCLUSION

This study sought to explore the factors influencing the assessment of the good character of pre-registration nursing and midwifery students from the perspective of the decision-makers within the HEI FtP processes. It has provided an opportunity to challenge and reposition the old discourses to present a post-modern perspective thereby adding to the representation of good character through discursive practices (Foucault, 1982). The findings from this study add to the body of knowledge relating to the assessment of good character in pre-registration nursing and midwifery students. The assessment of good character appears to be based upon the students' ability to engage with technologies of the self (Foucault, 1988), which operate to control the behaviour of the students.

Failure to address the implications for practice, policy, education/training and future research identified by this study could lead to continued inconsistencies in the implementation of FtP process both within and between HEIs. Inconsistent practices in the assessment of good character between HEIs have previously been identified as unfair and potentially leave the HEI open to legal challenge with regard to any FtP decisions made (Unsworth, 2011). Discontinuing students who could, with guidance and support, successfully go on to register with the NMC has serious consequences for the student's

future career and is highly questionable within the context of the current national and global shortage of nurses and midwives.

However, failure to address inconsistent decision-making also has implications for the protection of the public if students are inappropriately advantaged to continue on the course. The primary purpose of FtP processes is to maintain public protection. However, inconsistent practices relating to FtP behaviours between different HEIs fails to promote public protection, trust and confidence in the professions, as the future nursing and midwifery workforce is determined by FtP decisions made by HEIs.

This study offers an alternative non-essentialist social constructionist understanding of the factors influencing the assessment of good character. Highlighting these practices and the potential effect gives the professions an opportunity to question current practices and to take positive action for change. Continuing with the '*myth of good character*' as presented within the professional discourse promotes the continued acceptance of taken-for-granted assumptions, which could compromise the professions' ability to take positive action for change and may not assist in reducing the year-on-year increases in the number of nurses and midwives being presented before the NMC FtP committee.

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APPENDICES

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Appendix 1 – Search table

Search Engine	Search term:	Comments
Google Scholar 15/01/15	Whole question: 116	4 articles identified, 3 already found in other searches below, 1 new non-research article found
31/12/14 Combined databases: CINAHL MEDLINE PsychInfo Academic search complete socINDEX Re-run 17/01/17	'selection' and 'nurse' in abstract 3036 initially found from 1879 – 2015 'selection' and 'midwife' in abstract 326 initially found from 1879 to 2015	Restricted to 2005 – 2015 = 2593 Added 'and' 'good character' = 0 Restricted to 2005-2015 = 214 Added 'and' good character' = 0
17/12/14 Combined databases: CINAHL MEDLINE AMED PsychInfo Academic search complete Re-run 17/01/17	'professional' and 'suitability' = 1695 1990-2015 2015 – 2017 = 47	And 'students' = 276 Remove duplicates = 213 Reviewed abstract = 20 selected Remove duplicates = 37 Reviewed title and abstract = 1 selected
21/12/14 Combined databases: CINAHL MEDLINE AMED PsychInfo Academic search complete	'professional conduct' = 5445 1890 – 2015 2015-2017 restricted to title = 64	Restricted to 2000-2015 = 3540 Restricted to abstract = 3064 Restricted to title = 543 And 'nurse' anywhere in document = 34 Remove duplicates = 29 Reviewed abstract = 9 selected And 'midwife' anywhere in document from restricted to title = 14 Remove duplicates = 13 Reviewed abstract = 0 selected Restrict to peer reviewed = 20 Reviewed abstract = none selected, not relevant to research

21/12/14 Combined databases: CINAHL MEDLINE AMED PsychInfo Academic search complete Re-run 17/01/17	'good character' = 1260 2000-2015 2015-2017 Restricted to abstract and 'nursing' = 2	Restrict to abstract = 1100 And 'nursing' = 40 Duplicates removed = 28 Abstracts reviewed = 12 selected And 'midwifery' = 30 Duplicates removed = 23 Abstracts reviewed = 0 selected, not research or already selected from nursing search Duplicates removed = 1 Abstract reviewed = none selected, not relevant to research
21/12/14 Combined databases: CINAHL MEDLINE AMED PsychInfo Academic search complete	'moral appraisal' = 144 2000-2015	Restrict to abstract = 121 Duplicates removed = 84 Abstracts reviewed = 4 selected
21/12/14 Combined databases: CINAHL MEDLINE AMED PsychInfo Academic search complete	'nursing ethics' and 'professional behaviour' = 28 2000-2015	Abstracts reviewed = 3 selected
21/12/14 Combined databases: CINAHL MEDLINE AMED PsychInfo Academic search complete	'unprofessional behaviour' = 308 2000-2015	Restricted to abstract = 288 Remove duplicates = 216 Reviewed abstract= 12 selected. Mostly related to teaching professional behaviour and medical education and practice. From original 308 add and 'nursing' = 21 Duplicates removed = 18 Abstracts reviewed = 1 new article selected
22/12/14 Combined databases:	'fitness to practise' = 402	And 'nursing = 91 Duplicates removed = 83

CINAHL MEDLINE AMED PsychInfo Academic search complete	2000-2015	Abstracts reviewed = 15 selected
22/12/14 Combined databases: CINAHL MEDLINE AMED PsychInfo Academic search complete	'unethical behaviour' and 'nursing' 36 2000-2015	Duplicates removed = 27 Abstracts reviewed = 2 selected
22/12/14 22/12/14 Combined databases: CINAHL MEDLINE AMED PsychInfo Academic search complete	'character' and 'student nurse' = 45 2000-2015	Remove duplicates = 35 Review abstracts = 1 selected
22/12/14 Combined databases: CINAHL MEDLINE AMED PsychInfo Academic search complete	'virtue' and 'nursing' = 512	Restrict to abstract = 244 Review title and abstract = 4 selected
31/12/14 Combined databases: CINAHL MEDLINE PsychInfo Academic search complete	'values based recruitment' and 'nursing' = 63523 1896-2015	Restricted to 2005 to 2015 = 46904 Restrict to abstract = 0 'values based recruitment' only in any field = 13, Abstract reviewed = 3 selected but none of these were research studies

Search Engine	Search term:	Comments
12/04/15 Combined databases: CINAHL MEDLINE AMED PsychInfo Academic search complete	'professional misconduct in midwifery' = 7 2000- 2015	Reviewed abstract - none selected, all nursing related
12/04/15 Combined databases: CINAHL MEDLINE AMED PsychInfo Academic search complete	'professional misconduct' and 'midwifery' = 333	Restricted to abstract = 24 Duplicates removed = 22 Reviewed abstract = none selected, all but one relates to nursing, midwifery abstract is about an individual FtP case.
12/04/15 Combined databases: CINAHL MEDLINE AMED PsychInfo Academic search complete	'midwifery ethics' and 'professional behaviour' = 27 2000-2015	Duplicates removed = 22 Abstracts reviewed = none selected, either not research, nursing related or not related to FtP
12/04/15 Combined databases: CINAHL MEDLINE AMED PsychInfo Academic search complete	'unethical behaviour' and 'midwifery' 66 2000-2015	Duplicates removed = 47 Abstracts reviewed = none selected, as not relevant to FtP
12/04/15 Combined databases: CINAHL MEDLINE AMED PsychInfo Academic search complete	'character' and 'student midwife' = 139 2000-2015	Remove duplicates = 125 Review title and abstracts = none selected, not relevant to FtP
12/04/15 Combined databases: CINAHL	'virtue' and 'nursing' = 2593	Restrict to abstract = 5 Review title and abstract = none selected, not relevant to FtP

MEDLINE AMED PsychInfo Academic search complete		
12/04/15 Combined databases: CINAHL MEDLINE AMED PsychInfo Academic search complete	'Fitness to practise' and 'midwifery' = 153	Restricted to abstract = 153 Duplicates removed = 124 Title and abstract removed = none selected, either not relevant to FtP or not research
17/01/17 Combined databases: Academic search complete, CINAHL, MEDLINE, Psychology and Behavioral Sciences Collection, PsycINFO, SocINDEX	'Governmentality' and 'nursing' = 134	Duplicates removed = 84 Review title and abstract = 9 selected
17/01/17 Combined databases: Academic search complete, CINAHL, MEDLINE, Psychology and Behavioral Sciences Collection, PsycINFO, SocINDEX	'Governmentality' and 'midwifery' = 22	Duplicates removed = 12 Review title and abstract = none selected, not relevant to research

Appendix 2 - Critical Appraisal of Studies Relating to the Good Character Requirement for Nursing and Midwifery

Author Details and Study Aim	Study Design			
<p>Author: Boak, Mitchell and Moore (2012)</p> <p>Country: UK</p> <p>Profession: HCPC professions</p> <p>Study Title: Student Fitness to Practise and Student Registration, A literature review. A project for the Health Professions Council</p>	<p>Study Design: Literature review</p> <p>Sample: National and international picture</p> <p>Data Collection Method: Integrative review. Full details of search criteria included</p> <p>Data analysis: N/A</p>	<p>Main Findings: Limited empirical work about student FtP, mainly small-scale studies (surveys, qualitative studies, critical reviews, discussions and opinion pieces) within single professions.</p> <p>The terms professionalism generally used for medical students, suitability for social work students and good character for nursing and midwifery students.</p> <p>Concerns regarding possible inconsistencies in HEI procedures for managing FtP issues identified, as there is no centralised data and policies and procedures are devolved to the HEI, within the constraints of the regulatory body requirements.</p> <p>Internationally, regulatory responsibilities tended to begin at point of entry to the profession rather than during pre-registration programmes as a student.</p> <p>Little evidence relating to the risks students pose and no evidence that student registration could help to reduce the risk of harm to the public.</p> <p>Overall agreement that the ability of the student to behave professionally occurs over time with experience and the development of a good knowledge base.</p> <p>General agreement that FtP needed to be considered on a case by case basis and take into consideration the student's stage in the</p>	<p>Limitations: Limited empirical research and so wide sources of information were used including discussion papers, which may not have an evidence base and so may distort the picture overall.</p> <p>Limited evidence from research regarding the perceptions of suitable/unsuitable behaviours relating to FtP. The discussion largely derives from regulatory body information with little evidence base to support this.</p>	<p>Literature review HCPC</p>

		<p>programme.</p> <p>General agreement that specifying examples of unsuitable or unprofessional behaviours was useful.</p> <p>Regulatory bodies demonstrated a high level of consistency across the professions regarding suitable/unsuitable behaviours related to FtP.</p> <p>Literature indicated that the assessment of suitability on entry to a programme had limited value, other than to exclude 'obviously unsuitable' candidates.</p> <p>Recommends that HEIs should have clear, consistent and robust FtP processes and that students should be made aware of these.</p>		
<p>Author: Haycock-Stuart <i>et al</i> (2014)</p> <p>Country: Scotland</p> <p>Profession: Nursing</p> <p>Study title: Identifying good practice in fitness to practise processes in higher education</p>	<p>Study design: qualitative</p> <p>Sample: Purposive sampling of key individuals involved in FtP in nine of the eleven HEIs in Scotland.</p> <p>Data collection method: Eleven semi-structured interviews</p>	<p>Main findings: There are numerous approaches being used to manage FtP in Scottish HEIs. Similar principles were identified but were implemented in different ways and varying terminology was used. In the main similar issues were dealt with.</p> <p>FtP processes were influenced by the institutional context of the HEI including: cohort size, multi-campus course provision, location of the course in relation to other subject areas in the HEI, relationship between FtP and disciplinary procedures, and the student population in relation to demographic and cultural factors</p> <p>Good practice was identified in terms of the growing expertise relating to FtP, staged FtP process and graduated outcomes, evidence</p>	<p>Limitations: only Scottish HEIs were sampled. However this should not affect transferability of the findings to the UK context as the same professional body oversees FtP in the UK. The sample size is small and purposive sampling may have affected the findings.</p> <p>Limited information is provided regarding the data collection and analysis. It is not clear what the role of the participants was in relation</p>	Nursing FtP

institutions in Scotland	Data analysis: thematic analysis	<p>of teaching about FtP, positive attitudes towards health and disability and collaborative decision-making.</p> <p>Challenges included the need for better student support, FtP processes for managing post-registration nursing student and the need for consistent and equitable FtP processes that can be audited.</p>	to FtP.	
<p>Author: Haycock-Stuart et al (2016)</p> <p>Country: Scotland</p> <p>Profession: Nursing</p> <p>Study title: These terrifying three words: A qualitative, mixed methods study of students' and mentors' understandings of 'fitness to practise'</p>	<p>Study Design: qualitative and interpretive</p> <p>Sample: Purposive sampling of 11 HEIs providing pre-registration nurse education in Scotland</p> <p>Data collection method: focus groups and face-to-face interviews</p> <p>Data analysis: thematic analysis</p>	<p>Main findings: differences were identified between mentor and students' conceptual understanding of good character.</p> <p>Significant fear and anxiety was provoked amongst students because they found it difficult to identify the level of risk in relation to behaviours that could result in the implementation of FtP processes. Students perceived FtP processes as wholly punitive, rather than part of a developmental process. Mentors lacked understanding of FtP, which made them reluctant to escalate concerns about a student and they tended to identify competency issues and lack of motivation as FtP concerns, rather than conduct.</p> <p>The registrant professional code (NMC, 2015) was not recognised as the main reference point for determining good character by mentors and students.</p>	<p>Limitations: issues relating to the purposive sampling method employed which may have influenced students' decisions to take part in the study and may, therefore, have affected the findings.</p> <p>In particular, teaching staff were used to publicise the study to students, students were subject to high teaching and placement workload demands, the sensitive nature of fitness to practise, excessive demands to participate in research/feedback and recruitment over a Christmas period.</p> <p>A further limitation was the short timescale over which data was collected resulting in the continuous emergence of new themes and some themes only being discussed by</p>	Nursing FtP

			particular groups of participants. This prevented further in-depth discussion of some of the themes by both groups of participants and may have affected the overall findings.	
<p>Author: Johnstone & Kanitsaki (2005)</p> <p>Country: Australia</p> <p>Profession: Nursing</p> <p>Study title: Processes for disciplining nurses for unprofessional conduct of a serious nature: a critique</p>	<p>Study Design: qualitative, exploratory descriptive/pragmatic approach</p> <p>Sample: documentation from two case-orientated sampling units and a purposive sample of 12 former and current nurse regulatory staff</p> <p>Data collection method: documentation and semi-structured interviews</p> <p>Data analysis: qualitative content and thematic analysis</p>	<p>Main findings: The assessment of unprofessional conduct was related to attitudinal considerations, which included: whether the individual understood what they had done wrong, whether they were able to take responsibility for their actions, whether they demonstrated shame and whether they were open and honest in relation to the misconduct.</p> <p>Deliberate actions were deemed more serious and resulted in sanctions but genuine mistakes also often resulted in disciplinary action, which was identified as inappropriate.</p>	<p>Limitations: purposive sampling and small sample size may affect the quality of the findings.</p> <p>The study took place in Australia and it is not clear how their FtP policies and procedures differ from the UK. This may affect transferability of the findings to the UK context and they should be viewed with caution.</p>	Nursing FtP Australia

<p>Author: Jomeen <i>et al</i> (2008)</p> <p>Country: UK</p> <p>Profession: Nursing</p> <p>Study title: Review of student guidance for professional behaviour</p>	<p>Study design:</p> <p>Sample and data collection: a systematic literature review, contact with 32 HEIs in the UK to obtain FtP documentation</p> <p>Data analysis: thematic content analysis</p>	<p>Main findings: No single definition of professional behaviour although different professions have similar characteristics related to values and behaviours.</p> <p>Language used within guidance was open to individual interpretation and expression.</p> <p>Only the HPC and the GMC were identified as having clear guidance on professional behaviour for students.</p> <p>Behaviour outside of the work environment was considered as very relevant to FtP, which was reflected by the fact that criminal convictions and cautions were used to assess FtP</p> <p>Authors identify that nursing and midwifery students need to have a good understanding of FtP to interpret the NMC guidance.</p> <p>The complexity of concepts associated with FtP posed difficulties for HEIs when trying to determine FtP.</p>	<p>Limitations:</p> <p>The review is out of date as many of the professional bodies now have student specific guidance relating to FtP and the NMC has changed all of its guidance since 2008.</p> <p>It is not clear how many HEIs were contacted</p>	<p>Nursing FtP UK</p>
<p>Author: Keogh (2013b)</p> <p>Country: UK</p> <p>Profession: Nursing</p>	<p>Study Design: survey</p> <p>Sample: 25 universities in England, Scotland and Wales</p>	<p>Main findings: in excess of 800 nursing students had been subject to disciplinary proceedings by HEIs between 2010 and 2013. Considerable variation in numbers of cases per HEI was identified.</p> <p>Allegations included plagiarism, unprofessional conduct on placement and failing to disclose criminal offences.</p>	<p>Limitations: very little information is included regarding the study design, data collection or analysis so it is very difficult to judge the quality of this study. The findings therefore need to be interpreted with some caution.</p>	<p>Nursing FtP UK</p>

Study Title: Transgressing the code – why fitness to practise is an undergraduate issue	Data collection method: unclear Data analysis: unclear	Varying sanctions were given with little consistency identified between allegation and the different HEIs. Some HEIs used generic disciplinary procedures to deal with FtP cases whilst others had specific FtP procedures. A phased approach for sanctions was identified for most HEIs, recognising the stage that the student is at on the course.		
Author: Maclaren <i>et al</i> (2016) Country: Scotland Profession: Nursing Study title: Understanding pre-registration nursing fitness to practise processes	Study Design: interpretive and qualitative Sample: 11 academics with key roles in FtP processes in 9 of the 11 Scottish HEIs. FtP documentation Data collection method: semi-structured qualitative interviews Data analysis: thematic analysis	Main findings: Conceptual and procedural guidance was often unclear. FtP processes of the different HEIs had shared principles but included varying terminology and varied in relation to their location within the HEI structure. FtP processes addressed similar issues and examples of good practice were evident including: three stages to the FtP process were identified with two threshold points between the stages and graduated outcomes; the requirement to teach students about FtP processes; positive approaches to decisions relation to health and disability issues; and collaborative decision-making.	Limitations: only Scottish HEIs were sampled, which may affect transferability of the findings to the UK context. The sample size is small and purposive sampling may have affected the findings. It is not clear who the nine representatives were and what their involvement in FtP cases has been.	Part of overarching study with Haycock Stuart et al 2014 – Nursing Scotland
Author: McCrink (2010)	Study Design: qualitative self-report survey	Main findings: a substantial number of students were prepared to participate in unsuitable behaviours that directly affected patient care in practice, e.g. breaching	Limitations: convenience sample may not be representative. Findings were analysed on	Nursing students USA

<p>Country: USA</p> <p>Profession: Nursing</p> <p>Study title: Academic Misconduct in Nursing Students: Behaviors, Attitudes, Rationalizations and Cultural Identity</p>	<p>Sample: convenience sample of 2nd year nursing students on 2 nursing programs</p> <p>Data collection method: questionnaire survey</p> <p>Data analysis: descriptive statistical analyses using SPSS v13.</p>	<p>confidentiality, recording medications that were not given and recording vital signs that were not taken. Other studies have tended to assume that students who undertake unsuitable behaviours in the academic setting may not do the same in the practice setting but this study indicates that more investigation in this area is required.</p> <p>The author does identify that the socialisation of the students into the profession of nursing may have resulted in the lack of difference between cultures, as these were second year students.</p>	<p>self-report behaviours and there was no validation of participants' responses.</p> <p>Although identifies within literature review that cultural identity could significantly impact upon nursing practice in relation to academic misconduct, the author fails to adequately investigate this within the study.</p>	
<p>Author: Sin and Fong (2008)</p> <p>Country: UK</p> <p>Profession: Nursing</p> <p>Study title: 'Do no harm?' Professional regulation of disabled nursing students and nurses</p>	<p>Study Design: General formal investigatory review</p> <p>Sample: relevant legislation, regulation and guidance</p> <p>Data collection method: literature review</p> <p>Data analysis:</p>	<p>Main findings: Focuses upon reasonable adjustment requirements for students and registrants with disability.</p> <p>Main findings identify that definitions of standards related to fitness are not clear resulting in different interpretations of what this means.</p> <p>Insufficient criteria is available to inform the implementation of fitness assessments and there is a lack of understanding of how reasonable adjustments can or should be made.</p> <p>The lack of guidance related to fitness requirements and inconsistent implementation questions whether risk is being managed effectively, which may result in discrimination against disabled nursing students and registrants and exposes HEIs</p>	<p>Limitations: short time-frame to complete the review. Challenges related to the methodologies adopted in the various studies reviewed. The resulting methodologies were often selected for pragmatic reasons.</p>	<p>Nursing students and registrants UK</p>

in Great Britain		and employing organisations to disability discrimination claims.		
<p>Author: Tee & Jowett (2009)</p> <p>Country: UK</p> <p>Profession: Nursing and Midwifery</p> <p>Aim: Achieving fitness to practice: contributing to public and patient protection in nurse education</p>	<p>Study design: A case study was used to critically review and evaluate fitness to practice policies and processes</p> <p>Sample: One large school of nursing and midwifery in England</p> <p>Data collection method: Documents and interviews</p> <p>Data analysis: Documentary analysis SPSS</p>	<p>Main findings: Monitoring of fitness to practice was undertaken through admission processes, assessment of practice, university disciplinary procedures and occupational health.</p> <p>Concerns identified regarding the timeliness of FtP proceedings, student reflection was not encouraged, a lack of accountability between the HEI and placement partners and a lack of clarity regarding the decision making process.</p> <p>Developed a new FtP process.</p> <p>The authors suggest that inadequate FtP processes do not enable the HEI to address problematic behaviour.</p>	<p>Limitations: This was a case study in one HEI and therefore has limited transferability to other settings.</p>	<p>Nursing and midwifery UK</p>
<p>Author: Unsworth (2011)</p> <p>Country: UK</p> <p>Profession: Nursing and Midwifery</p>	<p>Study Design: qualitative</p> <p>Sample: UK HEIs via a freedom of information request</p> <p>Data collection method: Documentary analysis</p>	<p>Main findings: The absence of definitions for impaired FtP, absence of threshold guidance for referral to the FtP panel and referral decisions being made by one individual, all had the potential for inconsistent decision making between HEIs and left the HEI open to legal challenge.</p>	<p>Limitations: The data was collected through access to publications in the public domain or via a freedom of information request to the HEI, which does to some extent limit the depth of data collected.</p> <p>The data was collected prior to the NMC's requirement for FtP panels</p>	<p>Nursing and midwifery UK</p>

Study Title: Student professional suitability: Lessons from how the regulator handles fitness to practice cases	of HEI FtP policies Data analysis: thematic analysis		to be in place.	
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Date 17th November 2015

Sharon Arkell
University of Wolverhampton
Faculty of Education, Health & Wellbeing

Dear Sharon Arkell,

Re: Throwing the baby out with the bathwater? Making decisions about good character in nursing and midwifery education submitted to The Faculty of Education, Health and Wellbeing Ethics Panel (Health Professions, Psychology, Social Work & Social Care)

The Faculty Ethics Panel (Health Professions, Psychology, Social Work & Social Care) confirm that the ethical issues inherent in your study have been adequately considered and addressed. Therefore the Panel is giving you full ethical approval for your study (**Code 1 - Approved**). We would like to wish you every success with the project.

Yours sincerely

H Paniagua

Dr. H. Paniagua PhD, MSc, BSc (Hons) Cert. Ed. RN RM
Chair – Ethics Panel

D Chadwick

Dr. D. Chadwick PhD, MSc, BA (Hons). PGCE, CPSYCHOL.
Chair – Ethics Panel

APPENDIX 4 – PARTICIPANT INFORMATION SHEET



Participant Information Sheet

Study title: Throwing the baby out with the bathwater? Making decisions about good character

My name is Sharon Arkell, I am completing this research as a requirement of the Doctorate in Health & Wellbeing course that I am currently studying at the University of Wolverhampton. I am trying to identify and examine the factors that individuals consider when making decisions about nursing and midwifery students' good character in relation to fitness to practise.

You are invited to take part in this research study but before you decide it is important that you understand the purpose of the study and what your contribution will involve. The following information has been provided for this purpose. Please contact me if there is anything that is not clear or if you would like more information.

Thank you for reading this.

Sharon Arkell

Primary Researcher

Contact Details:– Email: [xxxxx](#) Telephone: xxxxx

What is the purpose of the study?

The purpose of this study to uncover and examine the factors that individuals consider when making decisions about nursing and midwifery students' good character and to identify the potential, and desirability, for reaching consensus in this regard.

This study has important implications regarding the fair and equitable treatment of students and consequent retention and achievement. It also has importance in relation to patient safety, the integrity of the profession and maintenance of public confidence in the profession.

You will be asked to consent to participating in this study.

Why have I been chosen?

A Delphi study will be undertaken, which requires the participants to be 'experts'. For the purposes of this study you are deemed to be an expert if you:

- Are a registered nurse or midwife academic or practitioner.
- Are actively involved in decision making processes related to the good character requirement for nursing and/or midwifery students, as part of higher education institution fitness to practise processes.
- Have sufficient experience of involvement in fitness to practise processes (this may be at any stage of the process: investigatory, faculty/school level panel or university level panel) within higher education institutions to offer an informed viewpoint: minimum of three fitness to practise cases relating to the good character requirement.

There will be approximately thirty participants in the study.

Do I have to take part?

You are not obliged to take part, your participation is voluntary and you are free to withdraw at any time, without giving any reason. If you do decide to take part you will be able to keep this information sheet and will be asked to complete a consent form.

Please note, that once the data has been analysed after each round it will not be possible to remove your data from the results. However, all information provided is reported confidentially into the study findings and no individual can be identified.

What will happen if I decide to take part?

If you take part you will be asked to complete three response proformas online. Each response proforma will be issued in sequence and will take approximately 30 minutes to complete. You will be given three weeks to complete each response proforma with approximately four weeks before the next proforma is sent.

What are the potential benefits and risks of taking part?

There are no risks to you in taking part outside of those you would experience in everyday life. However, by taking part, you may remember things that you may find upsetting. If this occurs, you are advised to exit the questionnaire and to contact the researcher to discuss further if you wish to. Any decision you make will be respected.

This study has important implications regarding the fair and equitable treatment of students and consequent retention and achievement. It also has importance in relation to patient safety, the integrity of the profession and maintenance of public confidence in the profession.

If, in the process of conducting this study, feedback from participants indicates severe bad practice in relation to discriminatory or unprofessional behaviour towards a student, the researcher is obliged to escalate this concern in accordance with the professional body requirements of The Code: Professional

standards of practice and behaviour for nurses and midwives (the Code) (NMC, 2015) and Raising Concerns: Guidance for nurses and midwives (NMC, 2015).

Will my taking part in the study be kept confidential?

Your confidentiality is assured throughout this study. Only the researcher will know who has completed the response proforma and, once received, each proforma will be allocated an individual code to maintain confidentiality. Your name will not be included in any publication or report written as a result of the research.

Any information that you provide will be treated in the strictest confidence and used only for the purposes of this study. It will be stored confidentially and securely on a password protected computer in a locked office. You will not be identified in any way in any report or to any other participants during data collection. When the project is complete all response proformas will be destroyed.

What will happen at the end of the research study?

If you wish to receive an abstract of the study once completed, you will be asked to tick a box in the third round response proforma to request this. The details of any future publications will also be forwarded to participants if you wish to receive this information.

What if I have a problem or concern?

If you have a concern about any aspect of this study, please contact me and I will try to answer your questions. Alternatively you can contact one of my study supervisors:

Alex Hopkins – xxxx

Vinette Cross – xxxx

Who has reviewed the study?

The University of Wolverhampton Research Ethics Committee has reviewed and approved the study.

Contact for further information

If you need any further information or wish to speak to me directly regarding this study please contact me by email: xxxx or telephone: xxxx

Thank you for taking part in this study.

APPENDIX 5 PILOT STUDY QUESTIONNAIRE

Please time how long it takes you to complete this questionnaire

Thank you for agreeing to participate in this Delphi study, as described in the participant information sheet previously sent by email. Please complete this survey by 18th January 2016

This Delphi study is being used to address the following research question:

In relation to nursing and midwifery pre-registration students, what are the specific concerns and/or considerations of individuals called upon to make decisions regarding good character?

The survey should take approximately 30 minutes to complete. Before starting please complete the consent form.

There are three sections:

Section One - general demographic questions and professional experience

Section Two - presents four vignettes to help you identify factors that you might bring to bear in decision making

Section Three - additional information

All of the information that you provide in this survey will remain confidential and anonymous to the participant group.

1. PILOT STUDY - do you have any feedback for this section?

Consent Form

Please click on each box to confirm your consent to participate in this study. Thank you.

2. I confirm that I have read and understand the participant information sheet dated 5th September 2015 (Version 2) for the above study and have had the opportunity to ask questions.

☐ Yes

3. I confirm that I meet the following eligibility criteria for this study:

- I am a registered nurse or midwife academic or practitioner
- I am actively involved in decision making processes related to the good character requirement for nursing and/or midwifery students, as part of higher education institution fitness to practise processes.
- I have been involved in at least three fitness to practise cases relating to the good character requirement: either at the investigatory stage, faculty/school level panel or university level panel.

☐ Yes

4. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

☐ Yes

5. If I do withdraw, I understand that it will not be possible to withdraw my contribution following analysis of each round.

☐ Yes

6. I understand that my data will be stored securely and confidentially and that I will not be identifiable in any report or publication.

☐ Yes

7. I understand that the researcher may wish to publish this study and any results found, for which I give my permission. Information published will not make reference to any individual or institution.

☐ Yes

8. I agree to take part in the above study.

☐ Yes

Thank you for completing the consent form. Please click next to proceed to the questionnaire

Section 1

The purpose of this section is to collate some general demographic data and information relating to your professional experience.

9. How old are you?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55+

10. Are you male or female?

- ☐ Male
- ☐ Female

11. To which staff group do you belong in relation to decisions made regarding fitness to practise?

- ☐ Midwifery Academic
- ☐ Midwifery Practitioner
- ☐ Nurse Academic
- ☐ Nurse Practitioner

12. In what year did you qualify as a nurse or midwife?

13. How many fitness to practise cases, relating to the good character requirement of nursing and midwifery students, have you been involved in within a higher education institution?

- ☐ 3
- ☐ 4-6
- ☐ 7-9
- ☐ 10+

14. Please indicate what type of experience you have had in relation to determining good character (please indicate all that apply).

- ☐ Pre-University fitness to practice panel - investigatory
- ☐ Pre-University fitness to practice panel - local, e.g. school/faculty decision making panel
- ☐ University fitness to practice panel
- ☐ Other (please specify)

15. Have you received any training for the fitness to practise role?

- ☐ Yes
- ☐ No

If yes, please indicate what the training involved:

16. PILOT STUDY - do you have any feedback for this section?

Section 2 - Vignette 1

You will be presented with four vignettes. Please identify all of the factors that you would bring to bear in making a decision regarding the good character of the student for each vignette; please identify any other questions you might wish to ask to help you make a decision.

VIGNETTE 1

SUMMARY OF FtP ISSUE: Academic Misconduct - Cheating

Sarah is a first year student. On the 10th December she attended the second attempt examination for module 6789344. Shortly after the examination had started an invigilator noticed that Sarah had notes on her desk. The invigilator approached Sarah who admitted that they were her notes. The invigilator removed the notes and drew a line in the examination booklet. Sarah was allowed to continue.

The matter was referred to the academic misconduct department. A meeting was arranged with Sarah.

Sarah indicated that she was not aware that she could not take written material into the exam, as this had been allowed in previous examinations. She stated that as her practice relied upon her being able to access and use the relevant literature she thought that she was doing the right thing.

The academic misconduct panel need to determine whether or not to refer this student to the Fitness to Practise panel for professional misconduct.

STUDENT PROFILE

Age: 19 years

Single, no dependents

Ethnicity: British Asian

Assessment Profile: passed all assessments (including practice) with good marks, all exceeding 60%, from a range of assessments.

17. What factors would you bring to bear in making a decision about the good character of Sarah. What other questions, if any, would you want to ask before making your decision.

18. Pilot Study: do you have any suggestions/comments for changes to this vignette?

Vignette 2:

SUMMARY OF FtP ISSUE: Academic Misconduct - Collusion

Peter is a first year student. After submitting his assignment for module 2345798 the marker noticed similarities with another student's work. Both pieces of work were put through Turnitin and a 30% similarity was noted between the two scripts.

The matter was referred to the academic misconduct department and meetings were arranged with both students.

Peter said that he had worked closely with the other student during group work activities within the module, as this was what the module leader had asked them to do. He said that they had met on several occasions in the library so that they could work on their assignments. Peter denied copying his friend's work but said that they did use the same resources and discussed what they would put in the assignment.

The other student failed to attend the meeting and did not provide any further evidence for consideration.

The academic misconduct panel need to determine whether or not to refer Peter to the Fitness to Practise panel on the grounds of professional misconduct.

STUDENT PROFILE

Age: 48 years

Married with 2 dependent children

Ethnicity: British White

Assessment Profile: passed all assessments (including practice) with good marks, all exceeding 60%, from a range of assessments.

19. What factors would you bring to bear in making a decision about the good character of Peter. What other questions, if any, would you want to ask before making your decision.

20. Pilot Study: do you have any suggestions/comments for changes to this vignette?

VIGNETTE 3

SUMMARY OF FtP ISSUE: Professional conduct in relation to good character

A complaint was made against Jane, a second year student. The complaint alleged that Jane had abused her position as a student by striking up a sexual relationship with a deceased patient's son (the complainant). There was evidence that she had 'facebooked' him via mutual friends expressing her sympathy following the death of his father. She had obtained his full name from the patient's file.

The relationship quickly turned sour. The investigation revealed that there were claims and counter claims with both Jane and the complainant alleging harassment by each other. Both had complained to the police, both had slightly different versions of events, both retained texts in support of their allegations. The complainant provided evidence of large volumes of texts from Jane where she had threatened him. He was pursuing a restraining order against her.

The Trust did not want Jane to return to placement.

In a meeting with Jane she expressed distress and regret at what had occurred. She completed a reflective account indicating that she understood the professional implications of what she had done.

Jane has been referred to the Fitness to Practise panel on the grounds of gross professional misconduct. The panel need to consider what decision to make.

STUDENT PROFILE

Age: 20 years

Single, no dependents

Ethnicity: British, White

Assessment Profile: Passed all assessments to date, including assessments in practice, with a range of marks.

21. What factors would you bring to bear in making a decision about the good character of Jane. What other questions, if any, would you want to ask before making your decision.

22. Pilot Study: do you have any suggestions/comments for changes to this vignette?

VIGNETTE 4

SUMMARY OF FtP ISSUE: Professional conduct in relation to good character

A member of academic staff referred Michael, a third year student, to the academic misconduct department for suspected forgery of his mentor's signature in his final practice assessment document. The academic had noticed that the writing and the signature on the final interview page looked different to the mentor's writing style and signature on other pages. The academic took the document to the mentor, asking her to verify if it was her signature. The mentor said that the signature and comments on the final page were not hers and completed a statement to this effect. However, she confirmed that she had no concerns with Michael's performance during his placement and that she would have passed him.

A meeting was arranged with Michael in which he admitted that he had signed the document. He said that he was very sorry for his actions but his mentor was off sick on his last day and no-one else was willing to sign his document. He said that he felt under pressure because the University had made it clear to students on several occasions that late submission of their practice assessment document would result in a fail grade being awarded. He said that his mentor had told him, prior to going off sick, that he was on target to pass everything and she had signed everything else in his book except for the final interview page.

When asked why he had not contacted someone at the University and arranged to go back the following week to get his document signed, he said that he could not afford to travel back to the placement the following week.

Michael was remorseful and described family and financial difficulties that he was currently experiencing. He said that that he had worked hard to get on the course after leaving school with few qualifications and he felt that he had shown that he could succeed on the course. He said that he could not understand why he did what he did and felt extremely guilty about it immediately after submitting his document. The financial problems that he was having at the time and the need to support his family made him very anxious about the possibility of failing and not qualifying on time.

Michael completed a reflective account fully identifying the professional implications of what he had done and how he had learned from this.

Michael has been referred to the Fitness to Practise panel on the grounds of professional misconduct. The panel need to consider what decision to make.

STUDENT PROFILE

Age: 30 years

Married with three young children, wife currently unable to work due to ill health.

Ethnicity: British, Black African

Assessment Profile: Passed all assessments to date, including assessments in practice, with a range of marks.

23. What factors would you bring to bear in making a decision about the good character of Michael. What other questions, if any, would you want to ask before making your decision.

24. Pilot Study: do you have any suggestions/comments for changes to this vignette?

Section 3

Additional Information

25. Based upon your experience of making decisions in fitness to practise cases, are there any other issues or comments you would like to make about the process of determining good character?

☐ Yes

☐ No

If yes, please provide detail

26. PILOT STUDY - do you have any feedback for this section?

Thank you for participating in Round 1.

The results of this round will be collated and you will be invited to complete the second round response proforma in approximately eight weeks' time.

27. Please indicate how long it took you to complete the questionnaire

28. Do you think that four vignettes is

- ☐ too few
- ☐ enough
- ☐ too many

29. Do you think that the vignettes provide an adequate mixture of fitness to practise issues?

- ☐ Yes
- ☐ No

If no, please indicate what else would be useful to include:

30. Please provide any other suggestions/comments regarding the questionnaire as a whole:

Introduction

Thank you for agreeing to participate in this Delphi study, as described in the participant information sheet previously sent by email. Please complete this survey by the 28th February 2016.

The Delphi study is being used to address the following research question:

In relation to nursing and midwifery pre-registration students, what are the specific concerns and/or considerations of individuals called upon to make decisions regarding good character?

The survey should take approximately 40-45 minutes to complete. Before starting please complete the consent form in the following section.

There are three sections to the study:

- 1. General demographic questions and professional experience**
- 2. Four vignettes to help you identify factors that you might bring to bear in decision making**
- 3. Additional information**

All of the information that you provide in this survey will remain confidential and anonymous to the participant group.

Consent Form

Please click on each box to confirm your consent to participate in this study. Thank you.

1. I confirm that I have read and understand the participant information sheet dated 29th January 2016 (Version 3) for the above study and have had the opportunity to ask questions.

☐ Yes

2. I confirm that I meet the following eligibility criteria for this study:

- I am a registered nurse or midwife academic or practitioner
- I am actively involved in decision making processes related to the good character requirement for nursing and/or midwifery students, as part of higher education institution fitness to practise processes.
- I have been involved in at least three fitness to practise cases relating to the good character requirement: either at the investigatory stage, faculty/school level panel or university level panel.

☐ Yes

3. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

☐ Yes

4. If I do withdraw, I understand that it will not be possible to withdraw my contribution following analysis of each round.

☐ Yes

5. I understand that my data will be stored securely and confidentially and that I will not be identifiable in any report or publication.

☐ Yes

6. I understand that the researcher may wish to publish this study and any results found, for which I give my permission. Information published will not make reference to any individual or institution.

☐ Yes

7. I agree to take part in the above study.

☐ Yes

Thank you for completing the consent form. Please click next to proceed to the questionnaire

Section 1

The purpose of this section is to collate some general demographic data and information relating to your professional experience.

8. How old are you?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55+

9. Gender?

10. To which staff group do you belong in relation to decisions made regarding fitness to practise?

- ☐ Midwifery Academic
- ☐ Midwifery Practitioner
- ☐ Nurse Academic
- ☐ Nurse Practitioner

11. In what year did you qualify as a nurse or midwife?

12. How many fitness to practise cases, relating to the good character requirement of nursing and midwifery students, have you been involved in within a higher education institution? This can be at any stage of the process: investigatory pre-panel or as a panel member.

- ☐ 3
- ☐ 4-6
- ☐ 7-9
- ☐ 10+

13. Please indicate what type of experience you have had in relation to determining good character (please indicate all that apply).

- ☐ Pre-University fitness to practice panel - investigatory
- ☐ Pre-University fitness to practice panel - local, e.g. school/faculty decision making panel
- ☐ University fitness to practice panel
- ☐ Other (please specify)

14. Have you received any training for the fitness to practise role?

- ☐ Yes
- ☐ No

If yes, please indicate what the training involved:

You will be presented with four vignettes. Please identify all of the factors that you would bring to bear in making a decision regarding the good character of the student for each vignette; please identify any other questions you might wish to ask to help you make a decision.

VIGNETTE 1

SUMMARY OF FtP ISSUE: Academic Misconduct – Collusion

Manisha and Lucy are second year students. After submitting their assignments for module 2345798 the marker noticed similarities between their work. Both pieces of work were put through Turnitin and a 30% similarity was noted between the two scripts.

The matter was referred to the academic misconduct department and meetings were arranged with both students. The panel identified that Lucy had submitted her assignment two weeks before the deadline date but Manisha had submitted hers on the deadline date. An email had been received from the module leader indicating that Lucy was a valuable member of the student group, had attended all module sessions and had shown a commitment to study. However, Manisha had only attended four sessions on the module, but had previously been a good student. Manisha's personal tutor also submitted a letter indicating that Manisha had become increasingly withdrawn over the past six months but at meetings had indicated that there were no problems.

At the meeting Lucy said that she had worked closely with Manisha during group work activities within the module, as this was what the module leader had asked them to do. She said that they had met on several occasions in the library so that they could work on their assignments. Lucy denied copying her friend's work but said that they did use the same resources and discussed what they would put in the assignment.

Manisha attended a separate meeting, also saying that she had worked closely with Lucy but that she had not intentionally copied her work. She became very upset at the meeting and said that she had been experiencing difficulties throughout this semester, as her husband and his family were not in favour of her doing this course. She said that it had been very difficult to work at home; as her husband's parents had been living with them for the past six months and she had received constant criticism resulting in many arguments. She had felt under extreme pressure and was unable to do much study at home. Even though her husband had originally supported her decision to do the course he had sided with his parents during this time. She said that the situation had improved and her husband had now accepted that she wanted to continue with the course.

When asked whether she knew about the university procedures for considering mitigating circumstances, Manisha said that she was aware of it but thought that she could get the assignment completed in time and did not really have any evidence that she could have submitted in support of her claim.

STUDENT PROFILE

Age: 24 years

Married

Ethnicity: British Asian

Assessment Profile: passed all assessments in semester one with average grades from a range of assessments. However, failed two modules in semester 2 and passed a third module at 45%.

Passed the practice component of assessment and received positive comments from mentors about her progress

15. Based upon the information above, what would be your initial decision in this case?

- ☐ Refer to University Fitness to Practise panel
- ☐ Do not refer to University Fitness to Practise panel

16. Give detailed reasons for your answer:

Vignette 2:

SUMMARY OF FtP ISSUE: Professional conduct

A complaint was made against Jane, a second year student. The complaint alleged that Jane had abused her position as a student by striking up a sexual relationship with the relative of a patient.

Jane had been involved in the care of a patient who had subsequently died. Whilst caring for the patient Jane had been on friendly terms with the patient's son. Following the death of the patient there was evidence that she had obtained the son's full name from the patient's file and 'facebooked' him via mutual friends expressing her sympathy following the death of his father. They met a few times and started a sexual relationship. The relationship quickly turned sour. The investigation revealed that there were claims and counter claims with both Jane and the complainant alleging harassment by each other. Both had complained to the police, both had slightly different versions of events, both retained texts in support of their allegations. The complainant provided evidence of large volumes of texts from Jane where she had threatened him. He was pursuing a restraining order against her.

The Trust did not want Jane to return to placement.

In a meeting with Jane she expressed distress and regret at what had occurred. She said that she had felt sorry for the son, as she had been in a similar position the previous year and wanted to offer support. She did not intend to have a sexual relationship and she did not feel that she was totally in the wrong, as she had also received threats and abuse from the complainant.

When asked whether she thought that accessing the complainant's details from the patient's notes was wrong, she said that she did not think that this was a problem, as she only looked up his name but did not access any contact details and the patient had died so this would not influence any care that she provided.

STUDENT PROFILE

Age: 33 years

Single, no dependents

Ethnicity: British, White

Assessment Profile: Passed all assessments to date, including practice, with excellent grades all exceeding 65%

17. Based upon the information that you have, what would be your initial decision in this case?

- ☐ Refer to University Fitness to Practise panel
- ☐ Do not refer to University Fitness to Practise panel

18. Give detailed reasons for your answer:

VIGNETTE 3

SUMMARY OF FtP ISSUE: Professional conduct/cheating

A member of academic staff referred Michael, a third year student, to the academic misconduct department for suspected forgery of his mentor's signature in his final practice assessment document. The academic had noticed that the writing and the signature on the final interview page looked different to the mentor's writing style and signature on other pages. The academic took the document to the mentor, asking her to verify if it was her signature. The mentor said that the signature and comments on the final page were not hers and completed a statement to this effect.

However, she confirmed that she had no concerns with Michael's performance during his placement and that she would have passed him.

A meeting was arranged with Michael in which he admitted that he had signed the document. He said that he was very sorry for his actions but his mentor was off sick on his last day and no-one else was willing to sign his document. He said that he felt under pressure because the University had made it clear to students on several occasions that late submission of their practice assessment document would result in a fail grade being awarded. He said that his mentor had told him, prior to going off sick, that he was on target to pass everything and she had signed everything else in his book except for the final interview page.

When asked why he had not contacted someone at the University and arranged to go back the following week to get his document signed, he said that he could not afford to travel back to the placement the following week.

Michael was remorseful and described family and financial difficulties that he was currently experiencing. He said that that he had worked hard to get on the course after leaving school with few qualifications and he felt that he had shown that he could succeed on the course. He said that he could not understand why he did what he did and felt extremely guilty about it immediately after submitting his document. The financial problems that he was having at the time and the need to support his family made him very anxious about the possibility of failing and not qualifying on time.

Michael was asked whether he was aware of the procedures for claiming mitigating circumstances but he said that he thought this just applied to theory assessments and not to the practice assessment and so did not apply.

STUDENT PROFILE

Age: 35 years

Married with three young children, wife currently unable to work due to ill health.

Ethnicity: British, Black African

Assessment Profile: Passed all assessments to date, including assessments in practice, with a range of grades.

19. Based upon the information that you have, what would be your initial decision in this case?

- ☐ Refer to University Fitness to Practise panel
- ☐ Do not refer to University Fitness to Practise panel

20. Give detailed reasons for your answer:

VIGNETTE 4

SUMMARY OF FtP ISSUE: Professional conduct

James has just successfully completed the first year of his course. He attended university one morning in a disheveled state and smelling of alcohol asking if he could speak to his personal tutor. James disclosed to his personal tutor that he had been stopped by the police the night before and charged with drink driving. James became very upset as he described how he had gone out the night before to watch a football match in the pub and so had left his car at the university accommodation. During the match a player collapsed and had to be resuscitated, which was shown on the television. James became very distressed in the pub, as this reminded him of his mother's collapse about two years ago, in which he had tried unsuccessfully to resuscitate her. He decided to go home but once he reached home he was still very upset and did not want to be on his own. James did not have any other family so he contacted a friend and arranged to meet him. He was stopped by police driving his car to the meeting point. James was breathalysed and charged and this was likely to result in a driving ban.

James appeared very anxious at the meeting, expressing his concern about being able to continue on the course. James' personal tutor assured him that he done the right thing in coming to her but that it would need to be considered in relation to his fitness to practise on the course.

As part of the investigatory process the university spoke with the NHS Trust currently providing James' placements. James had informed them of what had happened, as he had a good relationship with the staff there. The Trust provided evidence that they were willing to support James with future placements.

STUDENT PROFILE

Age: 19 years

Single

Ethnicity: British, white

Assessment Profile: Passed all assessments to date, including assessments in practice, with a range of grades.

21. Based upon the information that you have, what would be your initial decision in this case?

- ☐ Refer to the University Fitness to Practise panel
- ☐ Do not refer to the University Fitness to Practise panel

22. Give detailed reasons for your answer:

Section 3

Additional Information

23. Based upon your experience of making decisions in fitness to practise cases, are there any other issues or comments you would like to make about the process of determining good character?

☐ Yes

☐ No

If yes, please provide detail

Thank you for participating in Round 1.

The results of this round will be collated and you will be invited to complete the second round response proforma in approximately eight weeks' time.

APPENDIX 7 ROUND TWO QUESTIONNAIRE

Fitness to practise in relation to good character - Delphi study round 2

Pre-registration Nursing and Midwifery Students – Making decisions about good character

Thank you for responding to Round 1, which presented a series of vignettes for your consideration in relation to good character. An analysis of this feedback revealed a number of key factors that might affect fitness to practise decisions regarding the good character of pre-registration nursing and midwifery students. In Round 2 of the study I am asking you to consider NINE factors, as presented below, and discuss/comment upon the issues raised.

Referral to the University Fitness to Practise Panel

The responses in Round 1 indicate that making decisions regarding whether or not to refer to the university fitness to practise panel can be difficult. Decisions may be made by one or two individuals in some higher education institutions (HEIs) or by a panel in other HEIs. Feedback indicated that discussion within a panel/group of people when considering a case might alter individual perspectives regarding the appropriateness of referral to the fitness to practise panel. This would not occur were the decision to be made by a single individual.

Failure to make appropriate referrals to the fitness to practise panel may result in some students successfully completing the course, and registering with the Nursing and Midwifery Council, when they are unsuitable.

Participant comments from Round 1:

"Suggest that this is not a one person decision"

"Decision making by panel with input from constituent parties is a good one"

"The process of discussion and considering the case from varying perspectives can alter initial impressions"

In light of the above, please consider the following statement:

Automatic referral of any pre-registration nursing or midwifery student suspected of professional misconduct is the only means to ensure parity of decision making.

* 1. Briefly discuss this statement:

Recognising the Boundaries

Numerous responses in Round 1 mentioned crossing professional boundaries and breaching The Code: Professional standards of practice and behaviour for nurses and midwives (NMC, 2015) within the various vignettes. Crossing professional boundaries seemed particularly pertinent where a student's honesty, integrity or willingness to own up to a misdemeanour was in question.

Expectations appeared to be the same for students as they were for registered practitioners, in terms of meeting the requirements of The Code, which is directed at qualified nurses and midwives. Some comments suggested that pre-registration students should be able to recognise the boundaries and comply with them in their entirety, which suggests a level of perceived autonomy by the student.

Participant comments from Round 1:

"An important determinant of good character is the individual's commitment to, and compliance with, The Code"

"Over stepped boundaries"

"Breached The Code"

"crossed a professional boundary"

"expectations are the same for students as registered practitioners"

"As a third year student he should be demonstrating a high level of autonomy"

In light of the above, please consider the following statement:

It is unreasonable to expect pre-registration nursing and midwifery students to comply with a code, in its entirety, which is directed at professional registrants.

* 2. Briefly discuss this statement:

University Objectives vs Professional Requirements

Round 1 feedback suggested that university objectives, such as providing a good student experience, were sometimes at odds with professional requirements and that decisions were sometimes made without any consideration of professional issues, e.g. student appeals. It was suggested that this might be exacerbated by quality monitoring targets, such as progression and completion rates, which do not take account of professional reasons for discontinuation from a programme.

Participant comments from Round 1:

"University appeal panel do not understand how good character is a professional and patient safety issue and not a student experience issue"

"Universities are interested in retention and completion but not at the expense of compromising the health, safety and wellbeing of the public"

"Occasionally the Professional requirements clash with the University initiatives. An example of this is being monitored for completion, satisfaction rates and attrition by the University and having to make professional considerations which may skew these figures"

In light of the above, please consider the following statement:

In situations where a tension may arise between them, professional requirements should always take precedence over university quality monitoring metrics in determining whether or not pre-registration nursing and midwifery students should leave the programme.

* 3. Briefly discuss this statement:

Subjectivity vs Objectivity

Round 1 responses suggested that making decisions about good character was not easy. Some respondents found the subjective nature of this process difficult and would prefer more guidance to assist them in determining good character.

Some respondents took account of the context of the vignette, which often stemmed from subjective information. However, other respondents took the view that utilising the subjective information when considering good character could result in inconsistent decision-making.

Participant comments from Round 1:

"Panels are very subjective"

"A good common sense approach is needed"

"Developing some guiding principles to assist in what is good character, as very subjective and vague, it can be treated in either a lax or punitive way"

In light of the above, please consider the following statement:

Complete objectivity as a basis for fitness to practise is a reductionist understanding of contemporary professional practice in healthcare.

* 4. Briefly discuss this statement:

Mechanisms for Student Support.

In response to certain vignettes in Round 1, it was felt that decision making in fitness to practise cases might be negatively influenced by a student's failure to access support available to them. It was seen as a student's responsibility to know or find out about these support mechanisms. However, responses to other vignettes, with different personal circumstances, suggested mitigating circumstances should be taken into account and the student referred on to other support services. The seriousness of the mitigating circumstances seemed to influence the decision making process, with more serious circumstances warranting more leniency.

Participant comments from Round 1:

"There are mechanisms in place to support her (mitigating circumstances) however, she failed to use them"

"It is the student's responsibility to be cognisant with the university student handbook and the NMC code of conduct"

"We have a duty of care to her to ensure that there are not other factors outside of her control which are impacting on her and for which she needs support"

In light of the above, please consider the following statement:

The severity of the mitigating circumstances should be allowed to influence the decision making process when considering the good character of pre-registration student nurses and midwives.

* 5. Briefly discuss this statement:

A theory-practice divide

The feedback from Round 1 indicated a perceived difference in the decision making process when honesty and integrity were called into question in the academic arena compared with the practice arena. Academic honesty and integrity were not seen as related to professional honesty and integrity.

It was also identified that the composition of academic misconduct panels **did not** generally include practice representation, although fitness to practise panels did. This raised the question of whether theory and practice are treated differently and/or separately.

Participant comments from Round 1:

"This would fall into academic integrity and not a fitness to practice issue"

"Without a fitness to practise panel these concerns about honesty would not be tested"

"As a first offence this would not require fitness to practice"

"For second offences this becomes FtP, and Trust representation, as on all panels, would enhance the process"

"University appeal panel do not understand how good character is a professional and patient safety issue and not a student experience issue"

"The boundaries between academic offences e.g. Plagiarism and Fitness to Practise can be muddy"

"There is no Trust rep at an Academic Offences panel"

In light of the above, please consider the following statement:

Having two separate university panels (academic misconduct and fitness to practise) could be seen to privilege academic performance over fitness to practise concerns.

* 6. Briefly discuss this statement:

Expectations of Students

Feedback from Round 1 indicated that respondents would take account of the stage of development of the student on the programme, with first year students being treated more leniently than third year students. However, there were indications that some respondents felt that all students should be treated in the same way as a registered nurse.

Participant comments from Round 1:

"Interestingly if he had been in his first year I would have made a different decision"

"Treat the same as a RN"

"All incidences need to be examined in light of a student's position on the programme (ie senior or junior)"

"Junior students are less versed in 'professionalism' and so may be more forgiven for unprofessional behaviour so long as they can learn from actions"

"As a third year student he should be demonstrating a high level of autonomy"

In light of the above, please consider the following statement:

Pre-registration nursing and midwifery students' stage of development (year on the programme) is irrelevant in fitness to practise decisions relating to good character.

* 7. Briefly discuss this statement:

--

Student Self-awareness

In Round 1 respondents indicated that numerous factors would be considered relating to student self-awareness of the problem when making a decision about good character. In particular the honesty and integrity of the student in self-disclosing a problem was deemed as positive. However, any lack of insight seemed to indicate that there was no way of knowing whether or not the student would do something similar or worse in the future. Reflection was identified as a key component of demonstrating self-awareness.

Participant comments from Round 1:

"Planned (reactive) wilful act"

"Compounded by deliberate deception or lying"

"Honesty and integrity"

"Disclosed the situation immediately"

"Directly linked with professional practice. Failure to acknowledge or understand the wrong doing is concerning. How will the student move forward and not repeat the offence if she does not accept that she has done wrong"

"Level of insight or understanding of the implications of her actions.... this may provide a certain level of confidence in learning from experience and the future actions"

"Reflection showed understanding and remorse"

"Limited in her self-awareness"

"Accepted responsibility for his actions and had openly disclosed"

In light of the above, please consider the following statement:

Critical self-awareness is the most important component to consider when determining good character.

* 8. Briefly discuss this statement:

Learning from mistakes

A number of respondents in Round 1 accepted that students can learn from their mistakes and that they would want to give students this opportunity wherever possible. It was also felt that student decision making can be improved, coached and taught. However, how students might be supported to learn from their mistakes, when their good character has been called into question, remained unclear. This has implications for the profession in terms of its self-regulatory function and threatens public confidence in the profession if unsuitable students go on to register with the NMC.

Participant comments from Round 1:

Lying "rather than be honest and open about problems is a worrying sign of how he might handle similar difficulties in the future"

"I would not want one episode to jeopardize a career. Different matter if repeated"

"A person of good character can make poor decisions and decision making can be improved, coached and taught"

"People do make mistakes and we can learn from those mistakes and move forward"

In light of the above, please consider the following statement:

Lack of a supportive mechanism for ongoing reflective practice, when a student's good character is called into question, is an abdication of responsibility by the profession and academic institution.

* 9. Briefly discuss this statement:

Thank you for taking the time to comment on these issues. The results of Round 2 will be analysed and a final questionnaire presented in approximately three weeks.

APPENDIX 8 ROUND THREE QUESTIONNAIRE

Template: Fitness to practise in relation to good character - Delphi study Round 3

Pre-registration nursing and midwifery students - making decisions about good character

Dear

Thank you for your continued participation in this Delphi study.

In Round 2 you were asked to comment on NINE statements, which were based upon the feedback received in Round 1 in relation to the fitness to practise vignettes presented.

In Round 3 I am asking you to consider your own comments relating to each statement from Round 2 in light of the comments made by other participants. You are then given an opportunity to alter/add to your original comment made in Round 2 and to indicate why you have decided to change your feedback or keep it the same.

In the final section of this questionnaire you will be asked to comment upon your experience of the Delphi technique as a method of data collection.

Completion of the questionnaire should take approximately 30 minutes.

N.B. whilst completing the questionnaire, if you are interrupted and have to leave it to come back to at a later point, all completed pages will be saved. You will continue to receive reminders until you have fully completed the questionnaire.

If you have any queries whilst undertaking the survey please do not hesitate to contact me:

Mobile:

Email:

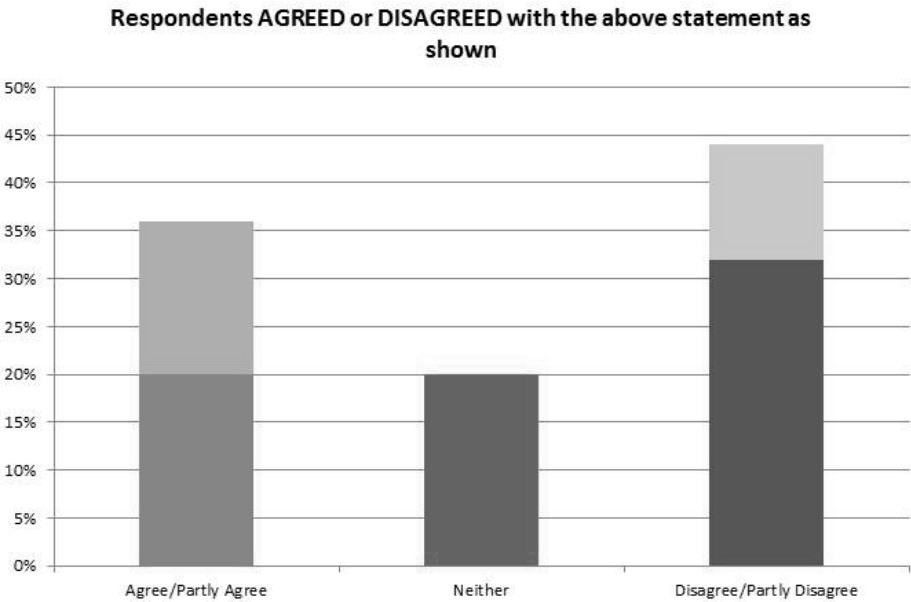
Template: Fitness to practise in relation to good character - Delphi study Round 3

Delphi Study Round 3

Statement 1 - Referral to the University Fitness to Practise Panel

Automatic referral of any pre-registration nursing or midwifery student suspected of professional misconduct is the only means to ensure parity of decision making

You said:



(Darker shade indicates the number who agreed/disagreed, lighter shade indicates additional number who partially agreed/disagreed)

Overall responses to statement ONE identified 3 key issues:

Issue 1 – factors affecting the parity and consistency of decision making

“Parity comes from a consistent approach which you can still have outside of a formal process”

“Having panels to make these decisions allows objectivity to be applied to decision making which results in parity”

“I don't think an automatic referral system would achieve parity, you may still get cases when some make an automatic referral and others don't”

Issue 2 – factors affecting referral

“.. in some cases the outcome is highly predictable, for example in cases of gross misconduct (assault of a service user, theft of drugs, falsifying patient records). Other cases are less clear ..”

“This may only be appropriate when there are clear criteria for what constitutes a fitness to practise referral”

“.. sometimes a panel has felt that the misconduct has not been serious enough to take to a panel”

“It (automatic referral) could have an adverse effect resulting in people referring less often as they may feel they have a greater degree of certainty that it 'is that serious' ..”

Issue 3 – pre-university fitness to practise process

“It is possible at an early stage to resolve a number of issues which have resulted in a referral which may not warrant a full panel hearing”

“.. if the referral was to a standing panel to discuss and decide if it should be a referral to a disciplinary panel or Ftp could then take place so that there is group consensus”

“Automatic referral to chair or designated officer for decision on sufficient grounds to instruct investigating officer and gain full investigation”

“I think they should always initially try to be resolved informally with advice (but still recorded) ..”

* Based upon the comments made by other respondents in Round 2, do you want to change/add to your response to this statement?

☐ YES

☐ NO

Reminder of what you said:

If yes, please revise your comment below:

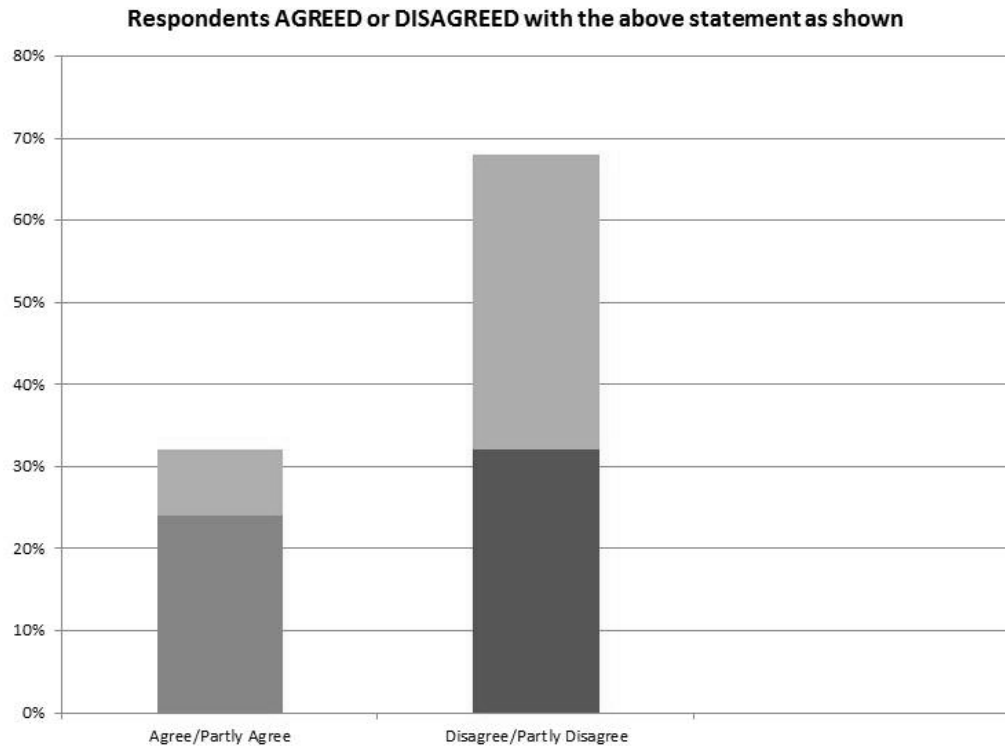
* Please indicate why you have decided to change your comment or keep it the same:

Template: Fitness to practise in relation to good character - Delphi study Round 3

Statement 2 - Recognising the Boundaries

It is unreasonable to expect pre-registration nursing and midwifery students to comply with a code, in its entirety, which is directed at professional registrants.

You said:



(Darker shade indicates the number who agreed/disagreed, lighter shade indicates additional number who partially agreed/disagreed)

Overall responses to this statement identified 3 key issues:

Issue 1 – complying with The Code

“Disagree, the code is a set of guiding principles which are applicable to qualified and unqualified staff”

“No, conduct is important in upholding the reputation of the professions, when you are a professional, studying and in your personal life”

“.. students should follow the Code at all times However, they are not registrants and must be noted that they are still learning and may make mistakes”

“I don’t think it is unreasonable to expect this. I think how transgressions are dealt with may be different, as they are learning how to be a nurse”

Issue 2 - the stage that the student is at on the programme

“This may mean that in principle the code applies to students but its interpretation and the fullness of compliance should take into account the position at which a student is on the programme”

“This will depend on the student’s seniority. Junior students should be judged differently as they have not had the opportunity to develop their professional selves”

“It is not reasonable to expect a first year student to practice at a level which allows for complete autonomy”

“.. individuals should have personal autonomy (responsible for actions) but they have not met RN RM competencies so cannot be held to account on the entirety of the code”

Issue 3 – honesty and integrity

“.. you are working with students who are on a transformational programme. However for a number of reasons there are some issues around honesty and integrity and so on which are necessary requirements of a nurse/midwife and are part and parcel of being a responsible professional..”

“I feel this is a high expectation. Some aspects of the code and its adherence have to be learned, others such as honesty and integrity are an inherent characteristic that may be deliberately breached”

“.. some things are the same as for registrants (i.e. things that indicate a character trait that is likely to lead to a safety risk to patients (e.g. dishonesty)”

*** Based upon the comments made by other respondents in Round 2, do you want to change/add to your response to this statement?**

☐ YES

☐ NO

Reminder of what you said:

If yes, please revise your comment below:

*** Please indicate why you have decided to change your comment or keep it the same:**

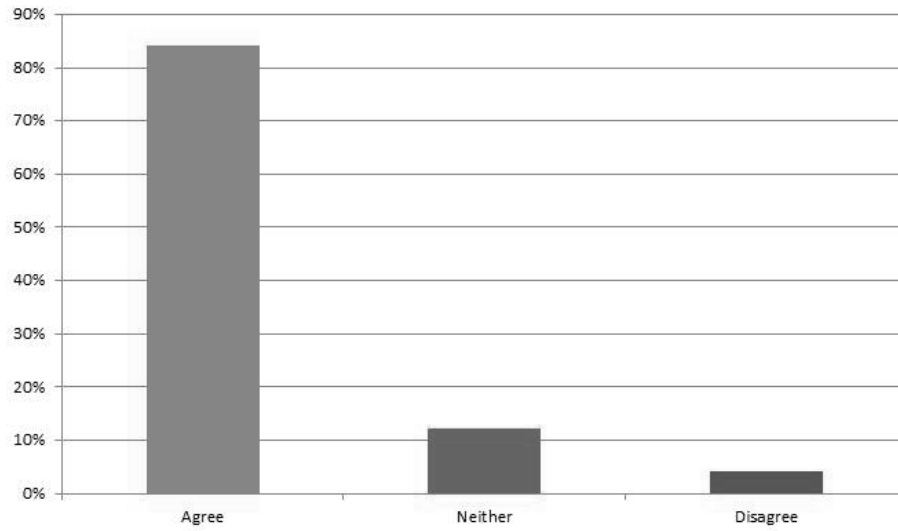
Template: Fitness to practise in relation to good character - Delphi study Round 3

Statement 3 - University Objectives vs Professional Requirements

In situations where a tension may arise between them, professional requirements should always take precedence over university quality monitoring metrics in determining whether or not pre-registration nursing and midwifery students should leave the programme.

You said:

Respondents AGREED or DISAGREED with the above statement as shown



Overall responses to this statement identified 3 key issues:

Issue 1 – conflict within the university

“.. the protection of the public is always my priority but this often brings me into direct conflict with the University”

“Ensuring that students meet the appropriate standards is infinitely more important than the fulfilment of any university quality monitoring metrics”

“I don't agree that these processes are at odds, but strongly believe that in cases whereby a student does not complete because of discontinuation for conduct issues, universities should not be penalised”

"This is something some people might compromise in that they want to remain employed"

Issue 2 – conflict with practice partners

“..a student who has failed the course and is weak, is given other opportunities for fear of the student taking their concerns to the OIA..... I don't think this sits comfortably with practice colleagues and undermines the professional nature of the nursing and midwifery courses”

“Students that should not proceed in the views of practice partners and have failed a module are allowed to appeal and these invariably are allowed - the student can then end up with another first attempt. This can be seen to undermine the difficult process of failing a student in the practice environment”

“Totally agree that professional requirements and patient safety are most important. However, there are processes and procedures that are in place to maintain quality and to ensure fairness and parity and these must also be followed”

Issue 3 – Evidencing professional misconduct

“It is for universities to get the message across to Trust partners that FFP is not an easy way to just get rid of a student they are not happy with. If a student is not competent they should be failed in practice, significant professional misconduct is what should lead to a referral”

“.. there are occasions when professional decision making is used to justify a decision which is difficult to justify. There is a common misconception that if a decision is justified as a professional judgement it cannot be questioned. Regulatory bodies would not hold with this statement and would certainly expect them to be justified at least”

“I agree with this statement so long as the professional requirements are evidenced and not just perceived”

*** Based upon the comments made by other respondents in Round 2, do you want to change/add to your response to this statement?**

☐ YES

☐ NO

Reminder of what you said:

If yes, please revise your comment on this statement below:

*** Please indicate why you have decided to change your comment or keep it the same:**

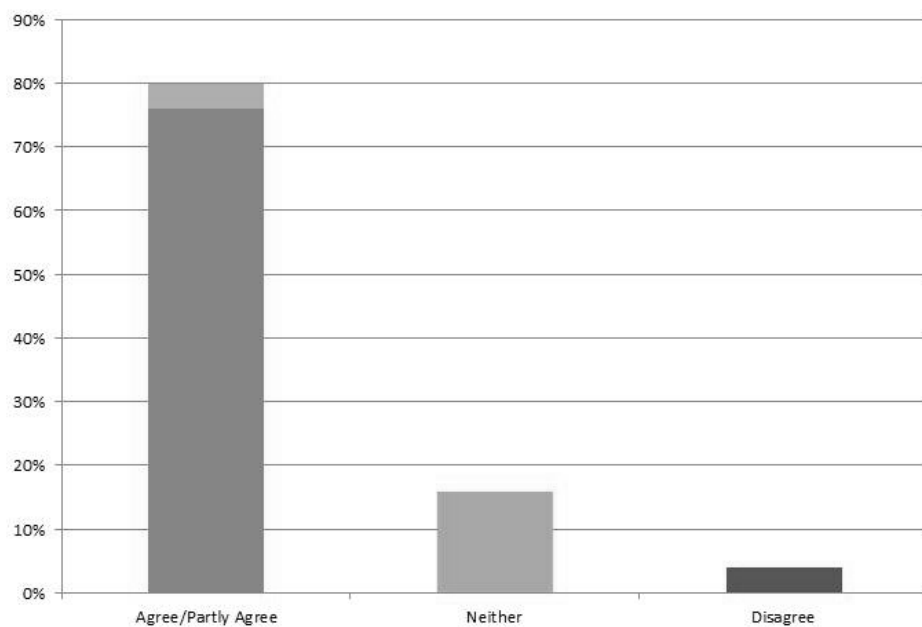
Template: Fitness to practise in relation to good character - Delphi study Round 3

Statement 4 - Subjectivity vs Objectivity

Complete objectivity as a basis for fitness to practise is a reductionist understanding of contemporary professional practice in healthcare

You said

Respondents AGREED or DISAGREED with the above statement as shown



(Darker shade indicates the number who agreed/disagreed, lighter shade indicates additional number who partially agreed/disagreed)

Overall responses to this statement identified 2 key issues:

Issue 1 –objectivity vs subjectivity

“The context of a situation is relevant. I am not sure what further guidance on Good Character would help”

“It’s the consultation process that mitigates against this, rather than a check list of criteria, which will always be open to some interpretation”

“Objectivity has to be promoted and maintained by the chair ... Any tendency for discussions to enter subjective domain must be controlled and refocused”

“.. the problems that we have in health care provision are as a result of having a subjective process to determine fitness to practice. How do courts work??? Things are either ‘black’ or ‘white’. We get bogged down with the ‘grey’ matter”

“.. one always has to have context and mitigation as part of that consideration in my view in order to make a safe, fair and reasonable judgement”

“The panel must err on the side of caution, and may consider subjective evidence. If there is any risk (or perceived risk) to patient safety or public confidence then this should be the primary consideration”

Issue 2 - common-sense

“It is never possible to be completely objective, and very much agree that a common sense approach is required”

“‘Common sense’ has to be challenged. What is ‘common’?”

“You cannot always be objective as your own values and beliefs ultimately affect the decision making”

*** Based upon the comments made by other respondents in Round 2, do you want to change/add to your response to this statement?**

☐ YES

☐ NO

Reminder of what you said

If yes, please revise your comment on this statement below:

*** Please indicate why you have decided to change your comment or keep it the same:**

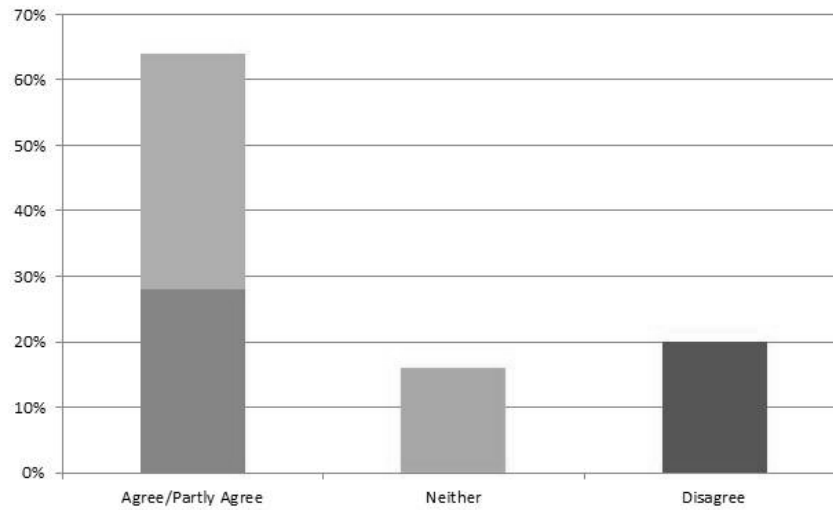
Template: Fitness to practise in relation to good character - Delphi study Round 3

Statement 5 - Mechanisms for Student Support

The severity of the mitigating circumstances should be allowed to influence the decision making process when considering the good character of pre-registration student nurses and midwives

You said:

**Respondents AGREED or DISAGREED with the above statement
as shown**



(Darker shade indicates the number who agreed/disagreed, lighter shade indicates additional number who partially agreed/disagreed)

Overall responses to this statement identified 3 key issues:

Issue 1 - risk to public safety:

".. it's about weighing up the degree of likely harm likely to occur"

"I think if we could all think straight and ask how the behaviour could affect the public and let that be the guiding principle we would achieve reasonable outcomes"

Issue 2 - the decision making process:

"it is important to remember the process is adjudicating the conduct and behaviour of students moving towards a professional status are attempting to mirror regulatory processes not criminal proceedings"

".. there are processes and procedures that need to be followed to ensure fairness and parity to all"

"An autocratic approach can be punitive"

Issue 3 – mitigating circumstances:

"Even if there are mitigating circumstances, students fundamentally know what is right or wrong"

".. mitigating factors are appropriate to sometimes consider. In some circumstances such as dishonesty/falsifying documents/theft then this is not relevant as potentially may impact upon patients"

".. there is no mitigation for failure to demonstrate good character"

".. mitigation is not of a concern especially if the support systems have been well signposted"

"It is ... the action/behaviour that is being investigated regardless of what led to that behaviour"

"Mitigating circumstances should be explored as part of the case presented. Weighting of these will be considered by the panel"

*** Based upon the comments made by other respondents in Round 2, do you want to change/add to your response to this statement?**

☐ YES

☐ NO

Reminder of what you said:

If yes, please revise your comment on this statement below:

*** Please indicate why you have decided to change your comment or keep it the same:**

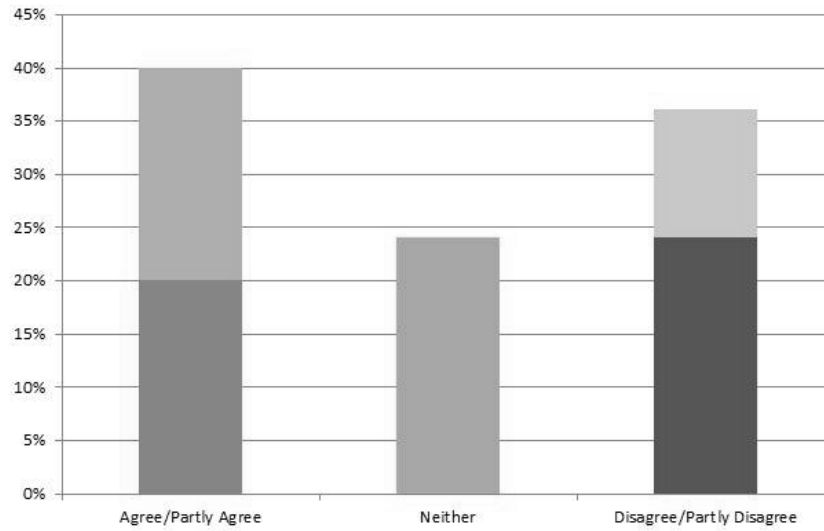
Template: Fitness to practise in relation to good character - Delphi study Round 3

Statement 6 - A theory-practice divide

Having two separate university panels (academic misconduct and fitness to practise) could be seen to privilege academic performance over fitness to practise concerns.

You said:

**Respondents AGREED or DISAGREED with the above statement
as shown**



(Darker shade indicates the number who agreed/disagreed, lighter shade indicates additional number who partially agreed/disagreed)

Overall responses to this statement identified 3 key issues:

Issue 1 – separate panels

“.. all nursing and midwifery students should ... be referred to fitness to practice which could then inform and advise the academic misconduct panel”

“.. they are different in purpose and nature of content and investigation and require specialist skills to investigate and discuss”

“.. honesty and integrity of the student is just as important in their academic performance as in the practice environments and their own personal situation”

“I think this is a fair point – however if there was to be a change in approach and all academic misconducts are seen in the same way then there would be a significant rise initially certainly in FtP and I'm not sure what this would achieve in terms of patient safety”

Issue 2 – outcomes of each committee

“The penalties for FtP can be far harsher than for academic misconduct. However the university process allows for an academic misconduct case to be referred to a FtP committee, however this isn't always automatic or absolute”

“Not necessarily 'privilege' but they would treat matters of integrity differently”

“Without serious credibility being granted to the academic aspect of any programme the degree awarded becomes meaningless”

“.. academic offences are not seen to have the same degree of severity as misconduct in the practice arena”

Issue 3 – involvement of practice partners:

“.. representation is essential for both parties to appreciate the issues from a practice and academic view”

“As long as professional registrants are part of the academic appeal panel then they should be able to take a view when an academic issue becomes a FtP concern and refer on accordingly. Practice staff do not hold a superior judgements on FtP issues than other registrants who are working in a university. You just need sensible people involved”

“.. there should be representation from practice on both. However, there should be different panels as there are differences between the two”

*** Based upon the comments made by other respondents in Round 2, do you want to change/add to your response to this statement?**

☐ YES

☐ NO

Reminder of what you said:

If yes, please revise your comment on this statement below:

*** Please indicate why you have decided to change your comment or keep it the same:**

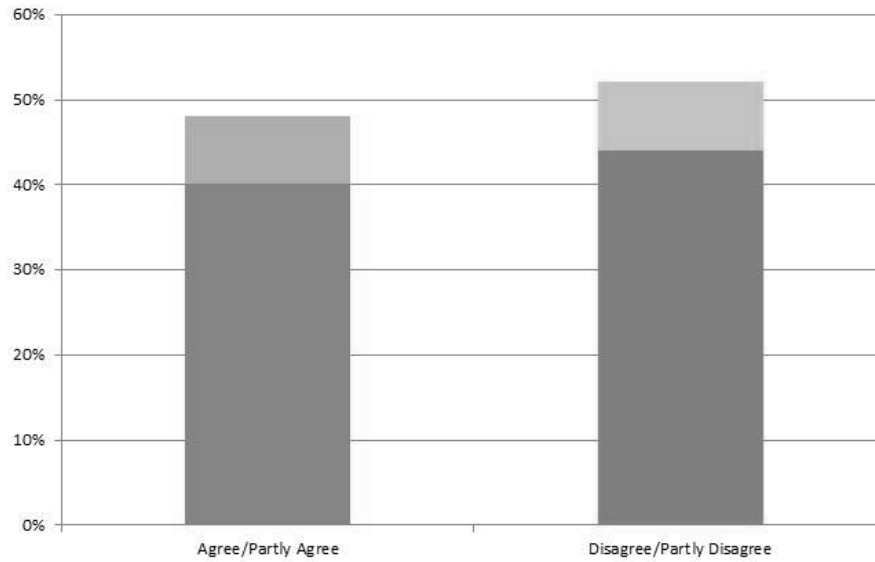
Template: Fitness to practise in relation to good character - Delphi study Round 3

Statement 7 - Expectations of Students

Pre-registration nursing and midwifery students' stage of development (year on the programme) is irrelevant in fitness to practise decisions relating to good character.

You said:

Respondents AGREED or DISAGREED with the above statement as shown



(Darker shade indicates the number who agreed/disagreed, lighter shade indicates additional number who partially agreed/disagreed)

Overall responses to this statement identified 2 key issues:

Issue 1 – severity and type of misconduct

“.. honesty, compassion, respect should be there from day one”

“if they do not have the right character now, they never will”

“.. what is much more important is the severity of the allegation or concern despite the stage of the programme the student is reached”

“.. issues of honesty, such as theft, safeguarding/abuse of patients/falsification of records/concealment of drug errors etc. would be the same no matter what stage of training”

Issue 2 – learning from mistakes

“We need to ensure that we do not develop individuals who are not transparent and cover up any mistakes. We accept that a nurse develops clinically over a period of 3 years and we expect different things of students at different levels of their programme so it seems to me only reasonable and fair that we have the same developing expectations of their professionalism”

“..dependent on the issue being raised I believe people can change their behaviour when it is made clear to them what is and isn't acceptable. This is not to say that you cannot remove a 1st year student from a course, if the issue is serious enough then that should happen”

“professionalism is a developing concept over the duration of the programme”

“.. we often see ‘bad’ behaviour come back to a FtP where leniency was shown earlier on in the course and yet we do not learn from our mistakes..”

“I do think the stage of the student’s journey would be a factor in deciding penalty”

*** Based upon the comments made by other respondents in Round 2, do you want to change/add to your response to this statement?**

☐ YES

☐ NO

Reminder of what you said:

If yes, please revise your comment on this statement below:

*** Please indicate why you have decided to change your comment or keep it the same:**

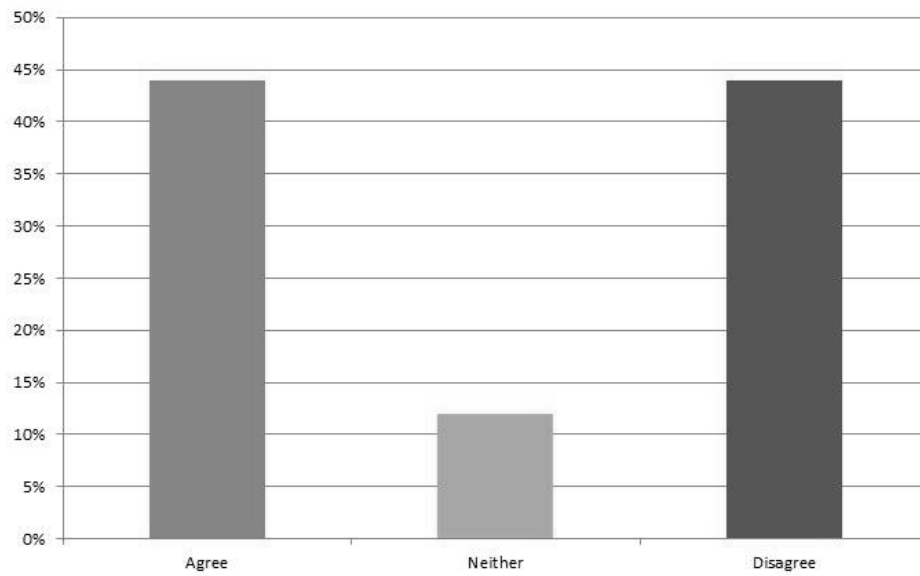
Template: Fitness to practise in relation to good character - Delphi study Round 3

Statement 8 - Student self-awareness

Critical self-awareness is the most important component to consider when determining good character

You said:

Respondents AGREED or DISAGREED with the above statement as shown



Overall responses to this statement identified 4 key issues:

Issue 1 – importance of self-awareness:

“.. this component is extremely important in the assessment of the case and how it is dealt with. It is very relevant to good character”

“.. if something is so serious that it is harmful to patients or the reputation it may be that self-awareness is not enough to mitigate”

“The inability to take responsibility for actions and rationalise shortcoming would be a major concern. It is essential to consider when determining good character”

“.. not the most important as there are many components with each case to consider”

Issue 2 - potential predictor of future practice:

“I always feel that those staff who do not have increased self-awareness for their actions and omissions are the most dangerous of them all”

“.. if it is clear that the concern raised holds merit and the behaviour or attitude of the student needs to change there has to be self awareness present to move forward. If students cannot see the problem with the issues that have been raised this raises serious safety and professional concerns”

“.. it may indicate whether there is likely to be a recurrence of the problem”

Issue 3 – ‘true’ self-awareness:

“I feel this is very difficult to gauge if this is true from someone's written testimony especially as often the person may just be stating what they feel we want to hear”

“It is not just about saying the right thing but also doing the right thing in response to the aspects of their character which are being challenged”

“We do not having the benefit of knowing if it is actual self-awareness or a good performance”

Issue 4 – developing self-awareness:

“I believe this is linked to the notion of professionalism and is something which therefore develops throughout the programme”

“Self-awareness can be taught and strengthened”

*** Based upon the comments made by other respondents in Round 2, do you want to change/add to your response to this statement?**

☐ YES

☐ NO

Reminder of what you said:

If yes, please revise your comment on this statement below:

*** Please indicate why you have decided to change your comment or keep it the same:**

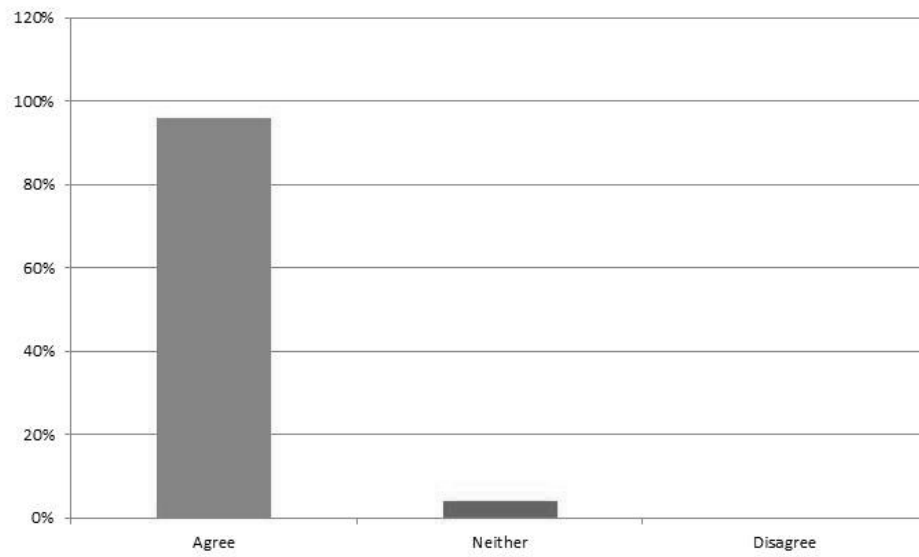
Template: Fitness to practise in relation to good character - Delphi study Round 3

Statement 9 - Learning from mistakes

Lack of a supportive mechanism for ongoing reflective practice, when a student's good character is called into question, is an abdication of responsibility by the profession and academic institution.

You said:

Respondents AGREED or DISAGREED with the above statement as shown



Overall responses to this statement identified 3 key issues:

Issue 1 – type of behaviour

“Yes if you believe that character traits can be learnt behaviours. No if you believe that the character is formed and regardless of what the person says the behaviour is unmovable”

“I do not believe this mechanism should be available to all students no matter what the issues is that has been raised. There are some instances where you cannot risk whether there will be any improvement or not”

“.. depends on the nature of the incident if it is deemed that it was a minor incident and no one was harmed as a result then ongoing support and very close monitoring is possible but if any harm resulted from the incident then there is no scope for a second chance”

Issue 2 – learning from mistakes

“I have witnessed great turn arounds in student who acknowledge short falls and learn from the mistake”

“.. students who acknowledge short falls and learn from the mistake ... demonstrate resilience as opposed to those students who persist in trying to continue without any acknowledgement of their role in the FtP and believe it is everyone else fault except their own”

“.. should be more support available for ongoing reflection, improving decision making and professionalism”

Issue 3 – support available

“Action plans have the scope to include a multitude of actions ranging from follow-up meetings and monitoring with appropriate individuals (university and practice) as well as the opportunity to reflect on the incident through many differing formats”

“..more needs to be done on an ongoing basis but also specific interventions perhaps at a less serious level to support development – coaching for example”

“.. should be more support available for ongoing reflection, improving decision making and professionalism”

“If an institution is prepared to take a risk then a possible follow up or a behaviour contract needs agreement and timely review”

*** Based upon the comments made by other respondents in Round 2, do you want to change/add to your response to this statement?**

☐ YES

☐ NO

Reminder of what you said:

If yes, please revise your comment on this statement below:

*** Please indicate why you have decided to change your comment or keep it the same:**

Template: Fitness to practise in relation to good character - Delphi study Round 3

Feedback on the Delphi Process

I would be grateful if you would take a few minutes to answer four short questions regarding your experience of using the Delphi process in this study. Thank you for your time.

What are your thoughts about the Delphi process used in this study?

Please indicate to what extent, if any, the Delphi process has helped you to develop your thinking in relation to fitness to practise?

Will being involved in this Delphi study influence your subsequent face-to-face interaction in fitness to practise processes within your institution?

- ☐ YES
- ☐ NO
- ☐ DON'T KNOW

Please give reasons for your answer to the above question:

Template: Fitness to practise in relation to good character - Delphi study Round 3

Finally, I would like to take this opportunity to thank you for participating in this study; your commitment is much appreciated. The data gained throughout the process has been very interesting and the response rate has been very good.

Following a detailed analysis of all data obtained through the Delphi process it may be necessary to conduct a small number of short interviews to clarify or expand on some of the data. If this situation arises it is likely that the interviews will be scheduled between September and November 2016, at the participant's convenience.

Would you be willing to participate in an interview if this is required?

☐ YES

☐ NO

Do you wish to receive an abstract of the study once completed?

☐ YES

☐ NO

Do you wish to receive details of any future publications?

☐ YES

☐ NO

If you wish to contact me in the future regarding this study please do not hesitate to do so:

Mobile:

Thank you once again.

Kind regards

**Sharon Arkell
Primary Researcher**

APPENDIX 9 – DEMOGRAPHIC DATA

Figure 1 Age Distribution

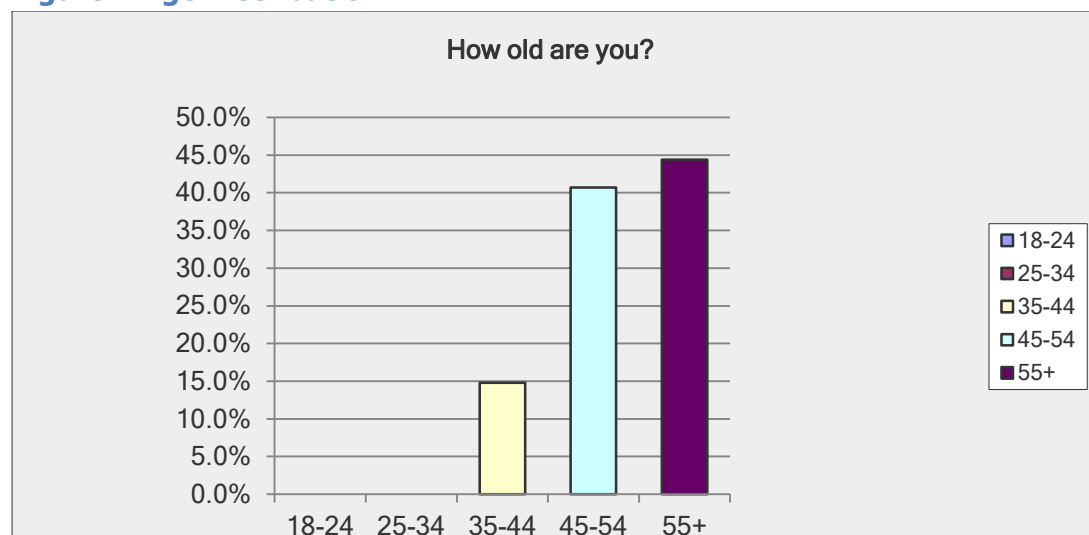
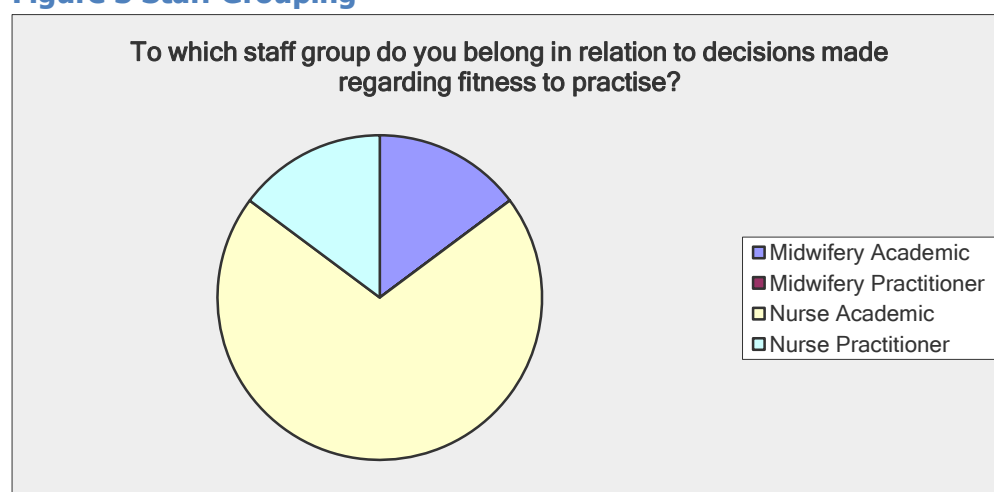


Figure 2 Gender Distribution

Category	Code	Count
Male	1	5
Female	2	22

Figure 3 Staff Grouping



Answer Options	Response Percent	Response Count
Midwifery Academic	14.8%	4

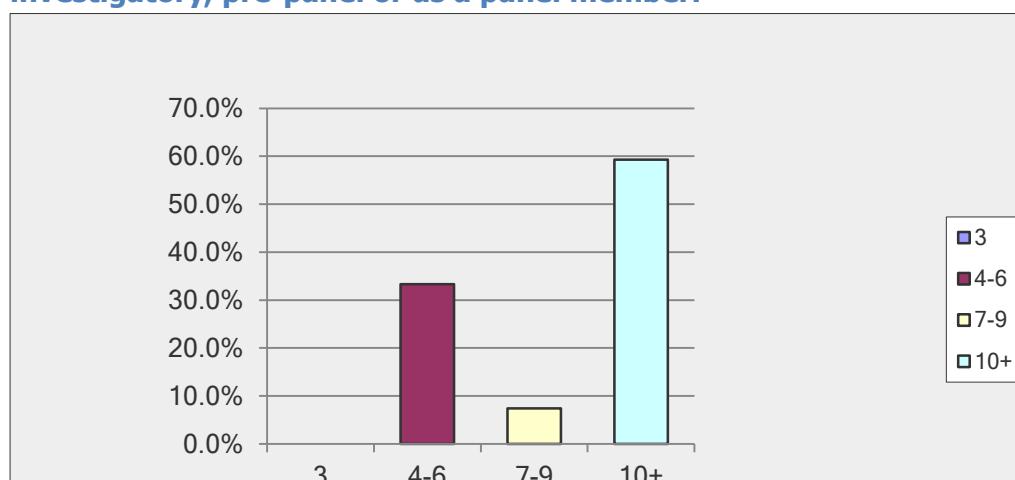
Midwifery Practitioner	0.0%	0
Nurse Academic	70.4%	19
Nurse Practitioner	14.8%	4

Figure 4 Year Qualified as a Nurse/Midwife

Year	Count
1971-1980	7
1981-1990	14
1991-2000	5
2001-2016	1

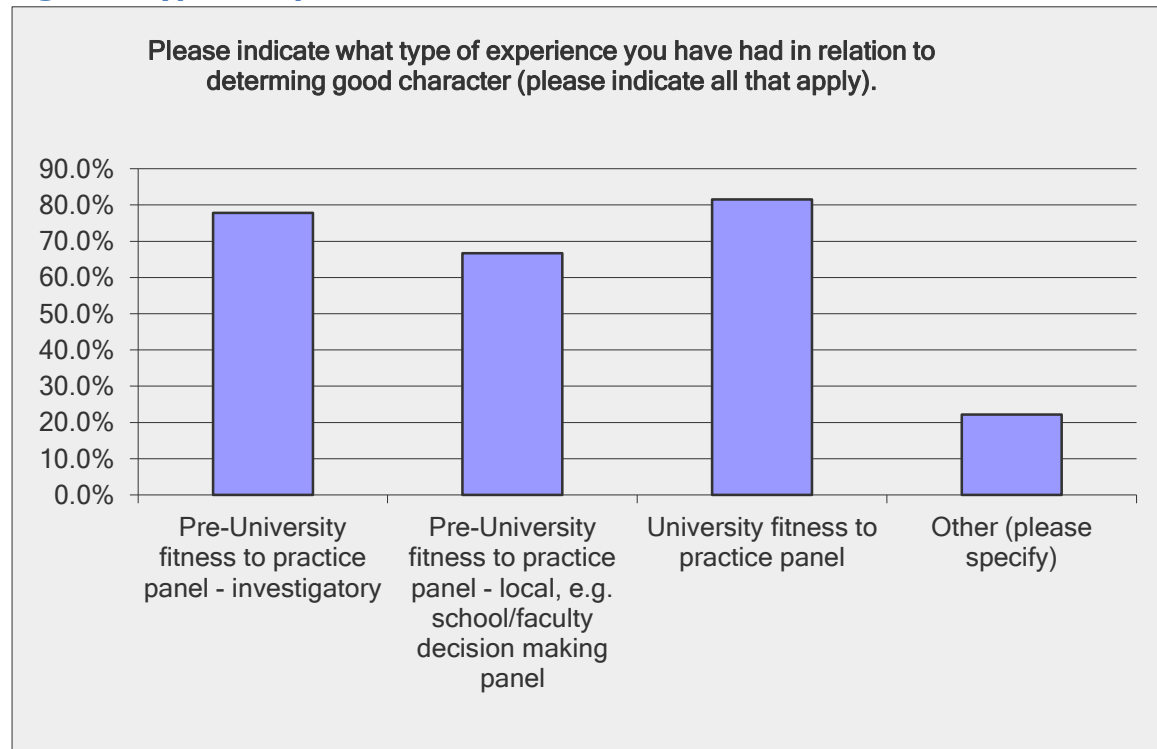
1992 changes to nursing and midwifery education moved to HEI

Figure 5 Number of fitness to practise cases relating to the good character requirement of nursing and midwifery students at any stage of the process: investigatory, pre-panel or as a panel member.



Answer Options	Response Percent	Response Count
3	0.0%	0
4-6	33.3%	9
7-9	7.4%	2
10+	59.3%	16

Figure 6 Type of experience



Answer Options	Response Percent	Response Count
Pre-University fitness to practice panel - investigatory	77.8%	21
Pre-University fitness to practice panel - local, e.g. school/faculty decision making panel	66.7%	18
University fitness to practice panel	81.5%	22
Other (please specify)	22.2%	6

Figure 7 Training received



Answer Options	Response Percent	Response Count
Yes	59.3%	16
No	40.7%	11

Informally this has been done by the Head of Conduct and Appeals prior to me needing to present and also by an AD in the same way, so I was familiar with the procedure and expectations
Investigation training Equality and diversity training managing poor performance
Observations and mentorship
study days on ftP which are run by external organisations.
In house university training for panel and chair participants. Also attended national conference led by Manchester University.
University level training. Also received training via the Nursing & Midwifery Council.
ANNUAL INTRODUCTION AND UPDATES ON THE university POLICY AND ROLE
Our university ran workshops for adjudication officers which included fitness to practice elements.
Recent training provided by the NMC as I have been appointed as a fitness to practise panel member. This training was prior to most of the experience cited above
Awareness of University standards, NMC Guidance and cased studies
Panel chair and panel member, looking at case histories plus examining how to conduct the panel and the possible outcomes related to proportionality
I have not received specialist training as such, but have attended various forums that have enhanced my knowledge/skill base.
University training and advice/support from NMC
<p>Sorry -</p> <p>Unclear what this question means?</p> <p>What is the FTP role?</p> <p>What Ftp training do you mean? I will try and relay what I think these concepts mean to me.</p> <p>I trained as an SRN - then as a SRM - fitness to practice was intrinsically linked to our training - we trained but also trained our future peer group in the culture we were in at the time. These were different times/ no written codes / no internet - we had limited national information. Our work organisation defined us! There were no 'hospital or community' contracts that we were given that related to fitness issues. It was all part of you accountability / responsibility issues which were well understood within professional teams and managers in your specific NHS contact. These FTP issues were relayed locally and learnt by relevant professional individuals.</p> <p>This was a similar experience as I entered midwifery in the xxx. Team FTP was learnt on the job. As Student Midwives we had an occasion to raise concern regarding practice support as an issue but it was quickly dealt with. Later after I left Midwifery I was aware there were UKCC concerns/ meetings later in the 1980s.</p> <p>I later was educated as a HV in HE in xxxx giving me UKCC status of mentorship in the understanding of learning, teaching and assessment in professional practice. Fitness to Practice was on the job learning but also taught within the curriculum at the HEI where I qualified.</p> <p>I was then further educated in xxxx as an UKCC HV fieldwork teacher - 2 years course in HE regarding 'fitness to HV practice' xxxx</p> <p>FTP was a key feature of the HV course (we were exceptionally well supervised and signed off as competent HV students). Fitness to practice issues explored on the way as post qualified</p>

professionals.

(This was well before nurse mentorship concept came into being),

I was a student HV representative way back then and so I was involved in HEI quality assurance structures / processes regarding FTP for health visiting .

The ENB Fieldwork Teacher award xxxx then led me into nurse education per se and eventually led me into professional education, later,

I then undertook ENB formal training xxxx update as an external examiner where fitness to practice was the prime focus of the training before I undertook my first External Examinership in xxxx

In terms of entering 'nurse education' - I was also involved in nurse recruitment / selection and fitness for professional entry was part of the 'on the job' training.

The ENB Fieldwork Teacher award had led me into nurse education per se and eventually led me into professional education and received my UKKCC teacher In terms of entering 'nurse education'

My promotional role ... meant I worked and learnt about issues relating to 'fitness to practice' as per case arose at a different level / discussions with HEI deans later on. These were in the main concerning student nurse recruitment and progression issues.

Only observed previous staff during panels.

Understanding the legal and professional context of fitness to practice

Experience, opportunity to sit in and discuss cases with Chairs. General Chairs training